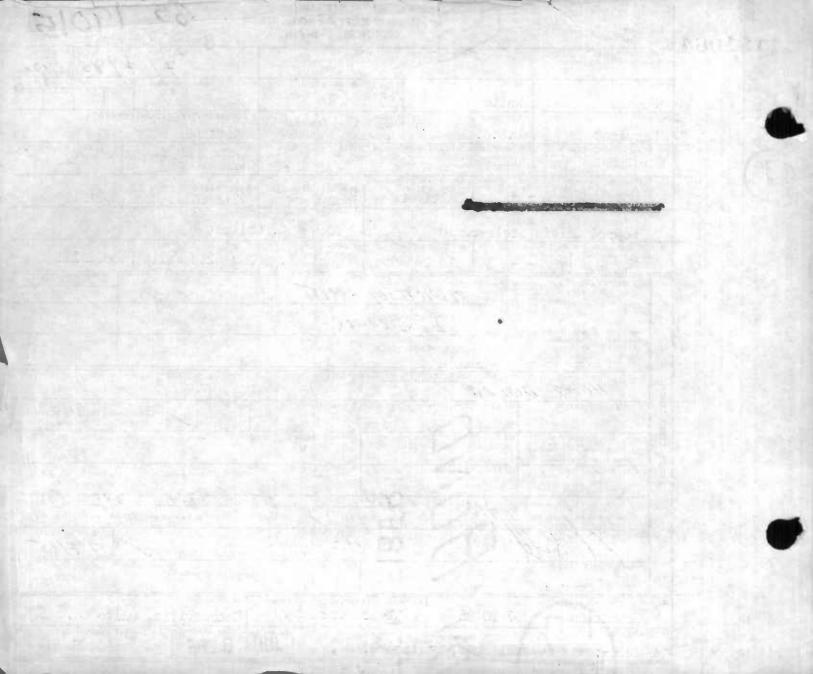
STAIL UT MARILAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 217048 - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TIPE CHIPEDAT) HERMAN Jose ph 1. 56 X 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 4 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MORE DIVORCED ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ASSEMBLER GENERAL MOT HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE BALTO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE KANDY ESTHEIR IN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADAMS, 5203 Bellville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIAC TAMUONADE, DUE TO, OR AS A CONSEQUENCE OF METASTATIC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 710 underlying cause LONG STANDING HYPERTEUGON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? ASCITES 21h. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAX OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED 224. PHYSICIANT THAME (TYPE OR PRINT) 22e ADDRESS GREENSPRINE IEE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 236. DATE CITY OR TOWN 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Lay Con Rando (VRA 15, 4) GWYNNS

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(VRA 15, 4)

DHMH - 16 60M 7/84

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24 FUNNOTOTEROR SONS FUNERAL HOMEDORESINC. 2501 GWYNNS FALLS PARKWAY

23b. DATE

8-2-1985

23a. BURIAL, CREMATION, REMOVAL

BURIAL

PARK

23d LOCATION CITY OR TOWN

BALTIMORE COUNTY

23¢ NAME OF CEMETERY OR CREMATORY

ARBUTUS MEMORIAL

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

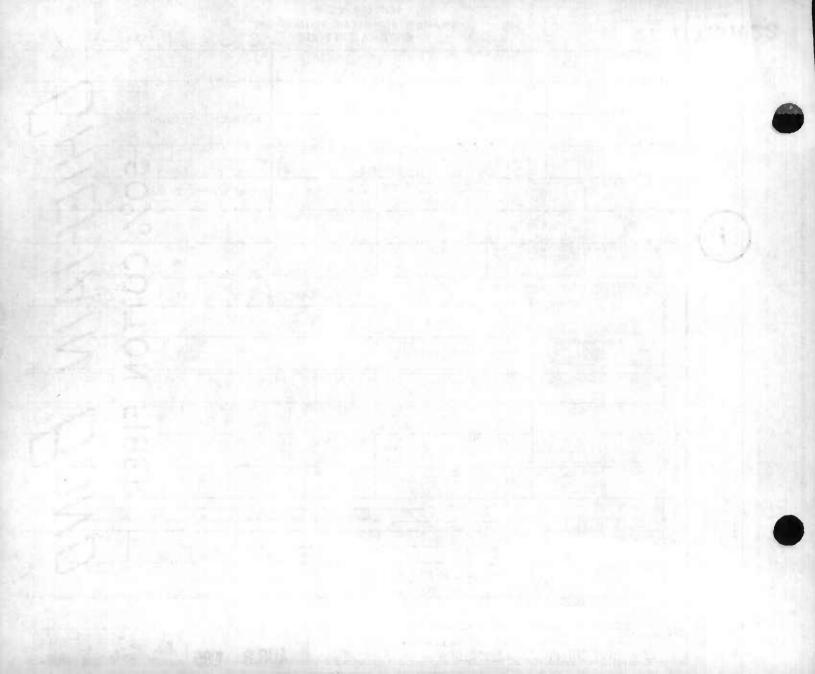
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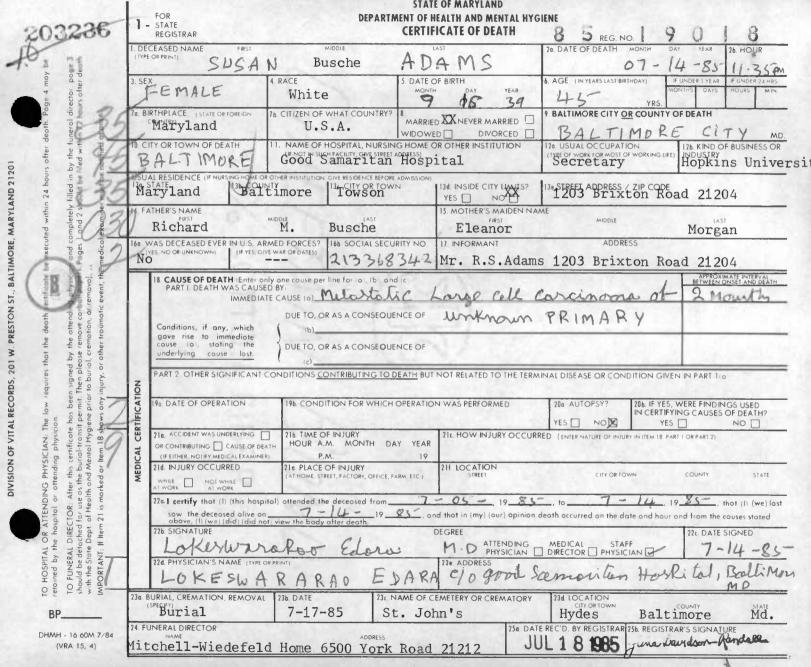
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	should be det with the State IMPORTANT:			Lee	ME (TYPE OF		nhee	2	22e ADDRESS		Agn	es es	ore, M	1. osp.
10 te	¥ ₹ 3 ₹7		23a B	URIAL, CREMATION, R	EMOVAL	236. DATE	- 4		EMETERY OR CREMATOR		d. LOCATION		COUNTY	STATE
BP_				Burial		7/12/	85	Mt. Oli	vet Cemeter	_	Frederi			Md.
	16 60M 7/8	4	Z4 FL	Leroy M. & 1630 Edmon	Russ	ell C.	Witzke	Funeral	Homes P. A.	DATE REC	D. BY REGISTRA		Davidson	
{V}	RA 15, 4)			roso Famono	ISON	avenue,	Caton	sville,	nu. ZIZZą	JUL	T T BOX	1		•



- STATE REGISTRAR DECEASED NAME

Female

MD

CERTIFICATION

MEDICAL

NO OR UNKNOWN)

3 SEX

EDNA

Baltimore

160 WAS DECEASED EVER IN U.S. ARMED FORCES

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 1136. COUNTY 1136. CITY OR TOWN

White

STATE OF MARYLAND

DEP	ARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	8 5 REG. NO. 9 0 2 0	
IDDLE	LAST	24 DATE OF DEATH MONTH DAY YEAR 26. HOL	JR
	ALESHIRE	JULY 30, 1985 10:	30p
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER	2J HRS
	5-26-1921 YEAR	64 YRS.	MIN.
HAT COUN	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
	WIDOWEDED DIVORCED TO	Daltimone City	6.64

TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF V Virginia USA 10 CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Maker

13. STREET ADDRESS / ZIP CODE 1100 Gorsuch Ave., 21218

14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph Mattie Duncan

Balto.,

16b SOCIAL SECURITY NO 17 INFORMANT 17-18-9272

CityYES X

ADDRESS John J. Aleshire, 1100Gorsuch Ave.

MIDDLE

Baltimore, MD 21218 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. Myocardial Infarction IMMEDIATE CAUSE (a) Inferior Wall DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), storing the DUE TO OR AS A CONSEQUENCE OF underlying couse

part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1:0

Julu 27

Hupertension 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

Prire

P.M 21d INJURY OCCURRED 21ª PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE

211 LOCATION

CITY OR TOWN STATE

85

85, and that in (1981) (our) opinion death accurred on the date and hour and from the causes stated above, th (we) (did) tohe not) view the body after death DEGREE

22a I certify that & (this haspital) attended the deceased from

ATTENDING PHYSICIAN

10 85

MEDICAL DIRECTOR PHYSICIAN

to Julu 30.

220 DATE SIGNE

MIT

77d PHYSICIAN'S NAME (TYPE OR PRINT) Martin Herr, M.D. 22e ADDRESS

230 BURIAL CREMATION, REMOVAL 236 DATE Burial

8-3-85

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

c/o Maruland General Balto.

20a AUTOPSY?

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

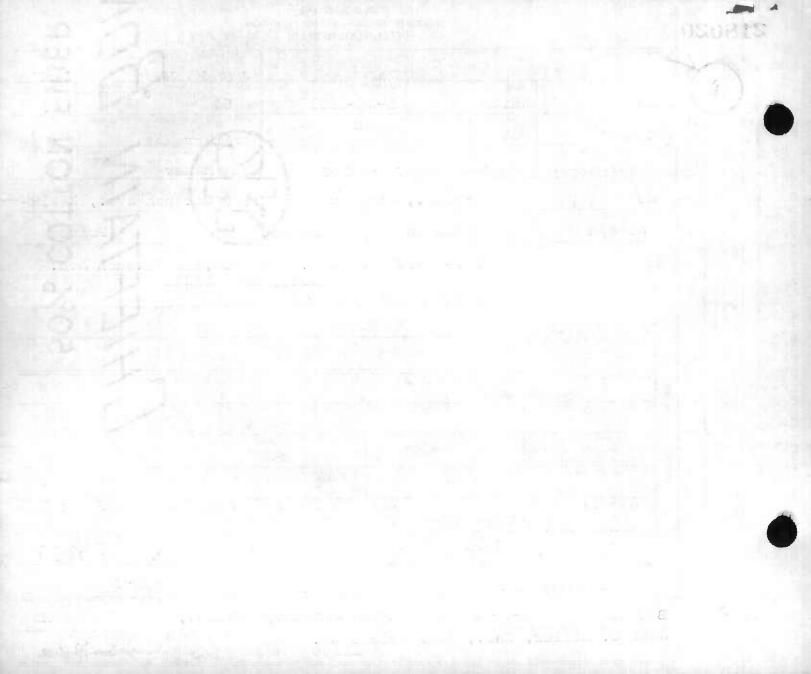
MPORTANT

should be

John Comiller, Inc.,

6415 Belair Rd. 21206

DIVISION OF VITAL RECORDS.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST MIDDLE 2h HQUR TYPE OR PRINTS MARK W. **ALEXANDER** JULY 23, 1985 4. RACE AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYEAR NOV. 3. 1969 YEAR White Male BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XXX = Saltimore. Md. USA BALTIMORE CITY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) School BALTIMORE JOHNS HOPKINS HOSPITAL TUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
THE STATE

136. CUTY OR TOWN
Baltimore
136. CITY OR TOWN
LISSEX Baltimore Rickenbacker Rd. 21221 13d INSIDE CITY LIMITS? HATHER'S NAME IS MOTHER'S MAIDEN NAME Homer Alexander Jr. MIDDLE Sharon Clemens 1709 Glen Curtis Rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 218-84 0188 Marilyn Johns Grandmother Balto. Md. 21221 APPROXIMATE INTERVAL 18 CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: 5 min Cardio respiratory IMMEDIATE CAUSE (0) acute lymprocytic leukemia Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR LOWN COUNTY AT HOME STREET FACTORY, OFFICE PARM, ETC)

PORTANI the the BETH

230 BURIAL CREMATION REMOVAL

22h SIGNATURE

PHYSICIAN [

Holly Hill Memorial Gardens

ATTENDING

DEGREE

DIRECTOR PHYSICIAN

19_85, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

sow the deceosed olive on July 23 obove. (I) (we) (did) (did not) view the body ofter death

220 I certify that (1) (this hospital) attended the deceased from Tulu 23

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

- DEPT. PEDIATRICS

Baltimore Co. Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Rome RA Old Eastern Ave

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ge 4	Female		Black		MONTH		56	79 YRS			NIHS DATS HOURS MIN.	
de de	70 BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRI	IED	BALTIMORE C	_	TY OF DEATH	OF DEATH	
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Y the XAL D detoc	1.	Lw	Ba	ell		ATTEN PHYSI		MEDICAL DIRECTOR P	STAFF	7/	26/95	
Short Short	22d PHYSICIAN	S NAME (TYPE C	R PRINT)			2e ADDRESS						

Cedar Hill Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H 1101 E. North Ave.

23h DATE

7/31/85

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

BAILL

Anne Arundel Co.

MD

of the the total of the state of .X.E.U | DOLL-YAL er land salthourn larkton k 21344 lents 36. inche de Santa vyz-50-u513 .manzin Alwony 2'54 benegative The Paris State State Senter the estimate and the 2.J.Hartenstein Wew Freedom, A 17349

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4.1		CEASED NAME EIRST	MIDDLE	1	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
201	,	ORPRINT) MCLA	ughlin	H/p	honzo	7/	28/85 650 N
もま	3. SE	(4. RAKE	S. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 74 HRS
ctor s oft		male	BLACK	MONT	H DAY YEAR	60	MONTHS DAYS HOURS MIN.
Page	7n BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	-11 -24	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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deo deo		IRGINIA	U.S.A.	WIDOWI			
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of S		THER'S NAME		-	15 MOTHER'S MAIDEN		NT AVENUE, 2122
1 12 40	T		MIDDLE LAST		FIRST	WIDDLE	MTI MED
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/ ma \ /			E WAR OR DATES)	KIII NO.			
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his bu	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	- Day 576)	21f LOCATION	CITY OR TOWN	COUNTY STATE
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Or O		220 I certify that (I) (this haspit	tol) attended the deceased from_		5 19	10 7/18	, 19 C , that (i) (we) lost
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F 6 1 2 2 5	1	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF C	EMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	8-2-1985 GA	RRISO	N FOREST	BALTIMORE COU	
DHMH - 16 60M 7/B4	24 F	NUTRITERECE PRONS FI	UNERAL HOME, INC			PATE REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	2	2501 GWYNNS FALI	LS PARKWAY			'JUL 3 1 1985	

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

y	REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	0 4
	1. DECEASED NAME FIRST [TYPE OR PRINT]	WIGORE	AMEY	20. DATE OF DEATH MONTH DAY	85 08. 26PM
	3. SEX	4 RACE	5. DATE OF BIRTH	S. ACE (III I I I I I I I I I I I I I I I I I	UNGER I YEAR # UNDER 24 HRS
í	female	white	february 3,189	98 87 YRS.	NIHS DAYS HOURS MIN,
07	Jo. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	DEATH
>	MAryland	USA	WIDOWED DIVORCED [Baltimore	city MD.
L	Balta / /y	(IF NOT IN SUCH FACILITY GIVE STRE	SING HOME OF OTHER INSTITUTION EET ADDRESS) S HOSPITAL	120. UŠUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housewife	176. KIND OF BUSINESS OR INDUSTRY OWN home
)	USUAL RESIDENCE OF NURSING HOME OF 136 STATE 136 COUR Maryland Bal	NTY 13c, CITY OR.TO		1329 Sergeant	Street 21223
1	William McKenn	MIDDLE LAST	15. MOTHER'S MAIDEN IT	MIDDLE	LAST
	160 WAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	aret Amey 1598 Da	auses La.211
	DARKE DEATH MAKE CALICE	nly one couse per line for (0), (b), c ED BY: .TE CAUSE (0) <u>CARDIA</u>	/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stafing the underlying couse lost.	DUE TO, OR AS A CONSEO (b) Senilo DUE TO, OR AS A CONSEO	Dementia	eotic Cardiu Vascul	as pislasl
	PART 2. OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	VEDE FINIDINGS LISED

21d INJURY OCCURRED

230 BURIAL CREMATION, REMOVAL

ACCIDENT WAS UNDERLYING

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. P.M

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

DEGREE

CITY OR TOWN

STAFF

NOF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STATE

IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE

23b. DATE

220.1 certify that (1) (this hospital) attended the deceased from

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

MEDICAL

22c DATE SIGNED

BP.

HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

should be detoched with the Stote Dept.

MPORTANT.

24 FUNERAL DIRECTOR

CERTIFIC

MEDICAL

and Mental Hygiene

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orked or

Burial 7/29/85

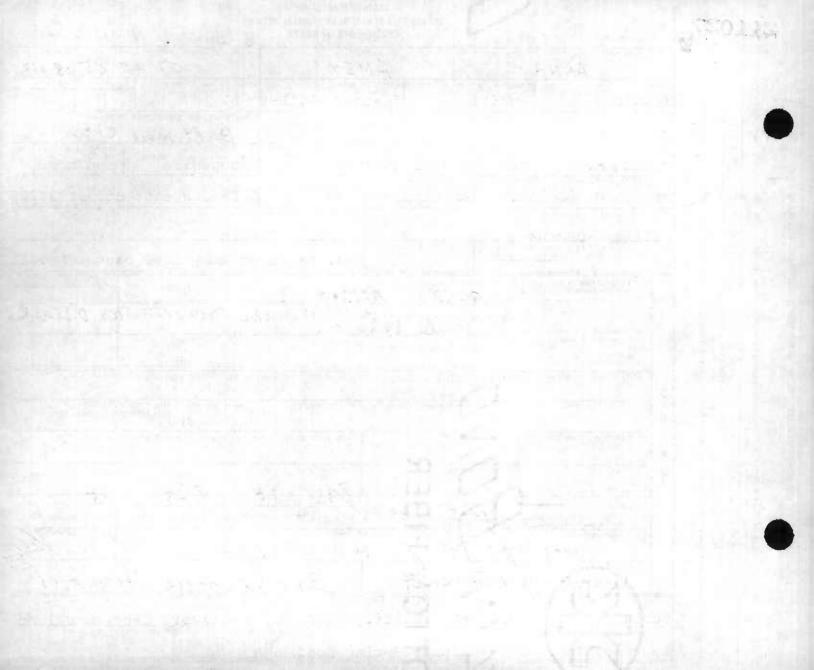
Balti. National

ATTENDING

CITY OR TOWN Baltimore

Ambrose, Inc. 1328 Sulphur Spring Road

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

regularing a second less a second per x 5704 Edgement Place 21:22 Shire Hosenberg A January Yes and II dry of the contract of the state and the state area. State

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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213091		CEASED NAME OR PRINT)	FIRST		WIDDLE		LASI	20 DATE OF DEATH	MONIH	DAY TEAR	2b. HOUR
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de of		MARYLAND	11030	U.S			WED DIVORCED	Baltim			MD.
fter the t	10. CI	TY OR TOWN OF DEA	TH 11		HOSPITAL, NU CHIFACILITY, GIVE S		OR OTHER INSTITUTION	12a USUAL OCCUPA		12b. KIND INDUSTR	O OF BUSINESS OR
		altimore			nd Gene			SALES	MAN		TAIL
t how doe	130 S	AL RESIDENCE (IF NURSI	13b COUNTY		GIVE RESIDENCE I		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	F	
AND 124	N	MARYLAND				IMORE	YES X NO	809 PARK		21201	
RYL vithii 2 sk	14. FA	THER'S NAME	AA II	DDLE	LAST		15. MOTHER'S MAIDEN N	NIDDLE MIDDLE			LAST
Para Para Para Para Para Para Para Para		ELLIS				EBAUM	REBECC.				VERMAN
execut and c ages		VAS DECEASED EVER	U.S. ARME		166 SOCIAL	SECURITY NO			RESS		
Pog non		YES		-ARMY	218-26	-3315	MRS. FLORES	E APPLEBAUM	24 MA	RYLAND	AVED 1208
SALT Sicio Pers ol.		18 CAUSE OF DEATH	1 (Enter anly	ane cause per	-						OXIMATE INTERVAL EN ONSET AND DEATH
phy phy propo		PART I. DEATH W.	AS CAUSED I	BY: CAUSE (a)	Cardiac	Arres	t				
ding or re					R AS A CONS						
deat deat ove o fion.		Canditians, if any,			Fungena						
the the certification		gave rise to imm		DUETO	R AS A CONS	FOUENCE OF			100	3 12	
hot by by ose of, cr		underlying cause	last	(c)			the Liver			7	
n pled		PART 2. OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GI	VEN IN PART	lia
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of attending physician. Her this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. The state of the state	CERTIFICATION	EV-12									
ew ow prior	₹ S	19a DATE OF OPERAT	ION	196 COND	ITION FOR WI	HICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?		S, WERE FINE	DINGS USED ES OF DEATH?
ALR he in hos it he is he is hos it he is he	E							YES NO		ES []	NO [
N. N	U	210. ACCIDENT WAS UND	Sagard	216. TIME C	OF INJURY .M. MONTH	DAY YEA	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)
ICIA g pl g pl g pl icertif intol- tem	MEDICAL	OR CONTRIBUTING C			.M.	1					
PHYS indin	ED	21d INJURY OCCURR	ED		OF INJURY	EICE EADM ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
IVG P	2	AT WORK NOT WH	K .	(11110112 31	MEET METONT, OF	TICE TARM, ETC.)					
NDIS Nose of the office of the		22a.1 certify that XI)	(this haspital) attended th	ne deceased fr	om Jun	2 17, 19 8	5	27,		_, that XX (we) last
ATTE ATTE Spito CTO I for of h		saw the decease abave, ((Xwe) (d	d alive anid) (dXXXX)	view the bady	ofter death.	1985_	and that in (Xy) (aur) apinia	in death accurred an the	date and ha	ur and fram th	ne causes stated
OR ho		22b. SIGNATURE	~	0	- 5 1		DEGREE			22t DA	TE SIGNED
Y the XAL I deto deto obte [longe	E	Fer	en		ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN 😭		
SSPII ed b JNER JNER A be Si		334 PHESCIANISHA	ME (TYPE OR P				22e ADDRESS				
TO HOSPITA retained by TO FUNERA should be with the Stot		705	GE E	. VE	PRER	-	MARYLAND	GENERAL HOS	PITAL		
7 5 5 5 5	23a. B	URIAL, CREMATION, I	REMOVAL	23b. DATE		23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP_		BURIAL		7/28/8			EMUNAH CEM	BALTIM			MARYLAND
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR	SOL 1	LEVINS	ON & BR	OS., IN		ATE REC'D. BY REGISTRA	R 25 REGIS	RAP'S SIGN	Mardall !
(VRA 15, 4)	60	10 REISTER	RSTOWN	RD. BA	ALTIMOR	E, MARY	LAND 21215	0230 1985	1	And I william .	

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completely filled in by the s I and 2 should be filed w

physician and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(E	RT	IF	IC	A	TE	OF	DE	AT	H	

SREG. NO.	9	0	2
FOEDEATH WONTE	DAY	VEAD	100

1	- STATE REGISTRAR			•	CERTIF	ICATE OF I	DEATH	8	SREG. NO	1 9	9 0	2	9
	CEASED NAME	FIRST	MI	IDDLE	i.	AST	3500 H	20 DATE OF	DEATH N	ONTH DA	AY YEAR	26 HO	UR.
		RAYMONI	D R	AR	MILL	EI		JULY	4.	985		5	:30PM
3. SE	X	4 RA	ACE		5 DATE C		YEAR	6. AGE (INY	EARS LAST BIRTH		FUNDER I YEAR	HOURS	R 24 HRS
M	MALE	C	AUC.		11		1925	59		YRS.	JAITS DATS	NOURS	MIN.
70. B	IRTHPLACE (STATE	OR FOREIGN 76. C	ITIZEN OF W	HAT COUNTRY?	8	D X NEVER	MADDIED T	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH		
	a.	U	.S.A.		WIDOWE		VORCED	BALT	IMORE	CIT	Υ		MD.
10 C	ITY OR TOWN OF			OSPITAL, NURSING		R OTHER INS	TITUTION		OCCUPATION FOR MOST OF		12b. KIND (IESS OR
BA	LTIMORE			HOPKINS		PITAL			OPER		AT &		CH.
	IAL RESIDENCE (IF N	136 COUNTY		INE RESIDENCE BEFORE		13d INSIDEC	ITY LIMITS?	13e STREET	ADDRESS /	ZIP CODE			
M	IARYLAND	BALTI		DUNDALK		YES [NO X	1815	Tyler	Rd. E	Balt.,	Md.	21222
14 F.	ATHER'S NAME	MIDDL		LAST		15. MOTHER	S MAIDEN NA	ME	WIDDIE		LA	C.T.	
	SABBA		·	ARMILL	EI	ER	MINIA		MIDDLE			NNON	I
	WAS DECEASED EV			166 SOCIAL SECUR	RITY NO.	17 INFORMA	ANT	Mg 303	ADDRES	S		B	ALT:MD
2.	YES	WW II		199-14-5	946	MRS.	ROSE AR	RMILLEI	- 18	15 TYI	ER RD	. 2:	1222
		ATH Enter only on										ONSET AND	
N.	PART I. DEATH	I WAS CAUSED BY		PNEUM	ONIA						61	nont	hs
	USE		DUE TO, OR	AS A CONSEQUE	NCE OF						60	unth	is
	Conditions, if a	iny, which immediate	(p)	STROCYTU	FILM						07		
1	couse (a), strunderlying co		DUE TO, OR	AS A CONSEQUE	NCE OF								
-	DARKS OTHERS	IGNIFICANT CONI	(c)	NAME OF THE PARTY	FATURITY	NOT BELLITE	TO THE TERM			(7.10.1.0.1/5)	NI DI DI DI N		
Z	PART 2 OTHER S	IGNIFICANT CON	DITIONS <u>COI</u>	NIKIBUTING TO D	EATH BUT	NOTRELATEL) IO THE TERM	MINAL DISEAS	EORCOND	ITION GIVE	NINPAKI	a	
ATE	190. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH (OPERATIO	N WAS PERFO	DRMED	200 AUTO	OPSY?		WERE FIND		
CERTIFICATION								YES 🗆	Мом	IN CERTIFY YES	ING CAUSE:	S OF DEA	
W W	210. ACCIDENT WAS		216. TIME OF	INJURY 1. MONTH DA	V VEAD	21c. HOW IN	JURY OCCURE	RED (ENTER NA	TURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)		
¥	OR CONTRIBUTING		P.M		1 1EAK								
MEDICAL	21d. INJURY OCC	URRED	21e. PLACE O			211 LOCATE			CITY OR TOW	N	COUNTY		STATE
2	WHILE NO	WHILE WORK	(AI HOME STREET	ET, FACTORY, OFFICE, FA	RM, EIC }	STREET			£ / 4		0		
	220.1 certify that	(I) (this hospital) a	ottended the	deceased from	MI	7 20	19 83	. to 🔝	uly 9	19	905	that (1)	(we) last
	saw the deci	eased plive an e) (did) (did nat) vie	w the bady a	ifter death.	5 , ar	nd that in (my)	(our) apinian o	death occurre	d an the dat	e and haur o	and from the	couses st	tated
147	22b. SIGNATURE	1 + 0		0		DEGREE				7	22c. DATE	SIGNED	
	be the	rtto Ca	ng, m	10			PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICI	ANK			
1		NAME TYPE OF PRIN				22e ADDRES	5	0.16-	51	gill is		1	V. III
	W	SLITER 1	COMI,	TR MO		60	N. k	doite	JOH	15 HO	PKINS	SHO	SPITA

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

236 DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 07/08/85 BURIAL

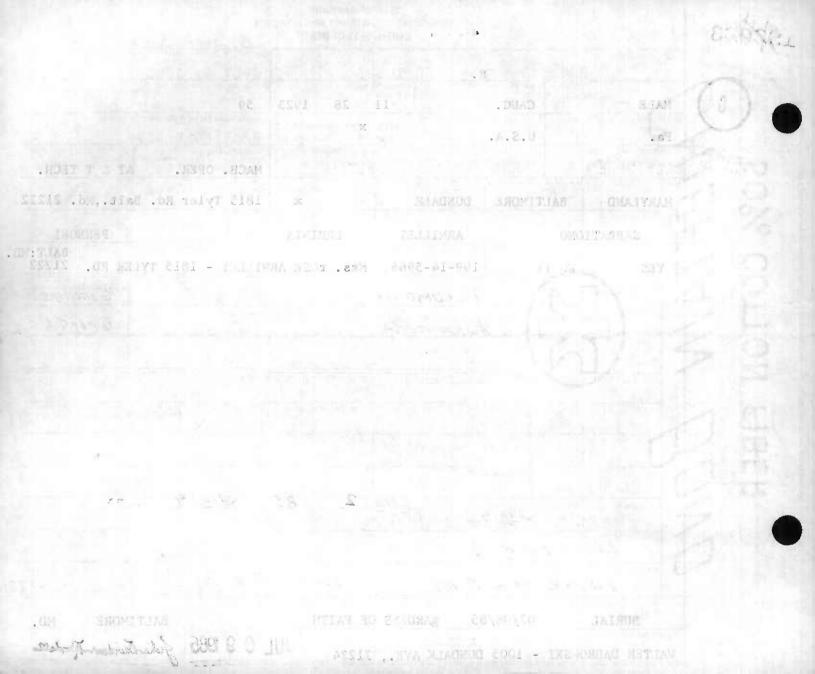
230 NAME OF CEMETERY OR CREMATORY **EARDENS OF FAITH**

236 LOCATION CITY OR TOWN

BALTIMORE

MD.

24 FUNERAL DIRECTOR
NAME
WALTER DABROWSKI - 1005 DUNDALK AVE., 21224



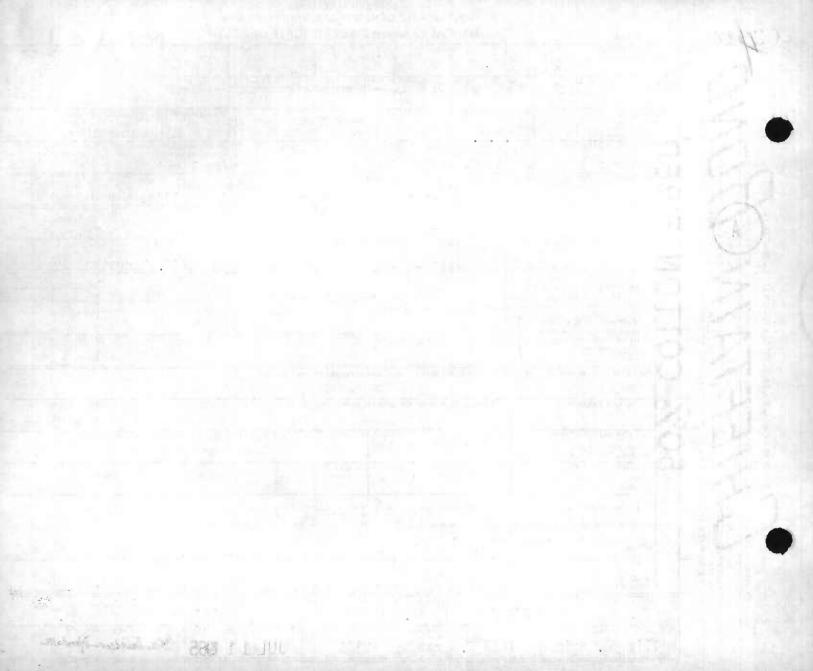
STATE OF MARYLAND

×20	3/100	
8	REG. NO.	
U	REG. NO.	

	1			STAT	E OF MARYLAND		
202098	1.	FOR	DEI		IEALTH AND MENTAL HYG	GIENE	A 17 17 17
		REGISTRAR		CERTIF	ICATE OF DEATH	8 5 REG. NO.	9030
		CEASED NAME FIRST	MIDDLE	TEN TOTAL	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
1	(1177)	JAMES	EDWARD	ARMSTR	ONG Jr.	07/09/8	5 7:20 ^A
51	3. SE.		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
To the second	100	ile	White	May	11, 1921 YEAR		MONTHS DAYS HOURS MIN.
4 52 6	Ta B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
1.00	N	lass.	U.S.A.	WIDOWE	DIVORCED	BALTIMORE	CITY MD.
offer with the part of the par		LTIMORE	JOHNS HOPK			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Self-Emp.	12b. KIND OF BUSINESS OR
hours n by	USU.	AL RESIDENCE (IF NURSING TOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)			CHATHAM NIT
24 h		Jersey 35 COUN	Chat:		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP. 49 Mountainvi	ew Road 07928
- A A	A FA	THER'S NAME	MIDDLE LA	st	15. MOTHER'S MAIDEN NA	ME	LAST
No STEAT	T) a	mes Edward		ong Sr.	Madeline	MIDDLE	Crossett
00 A 10 A 10		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	07928
		Yes		6-3674	Mrs. J.E.Arm	strong Jr. 49	Mountainview Road I
1 - 5 - E		18. CAUSE OF DEATH (Enter onl	ly one couse per line for (o),	(b), and ich			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ppy ppy mov mov		PART I. DEATH WAS CAUSEI	E CAUSE (o)	andler	representitu	unomat-	10 min
or bo		WALL O THE	DUE TO, OR AS A CON	SECULENICE OF	7	- acat	
non.		Conditions, if ony, which	(b)	nelade	die heralow	Dulay carcin	rome 6 WKS
the grand		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
by by ose oth		underlying couse lost	(6)	320021402 01			
signed hen ple o burio		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	N GIVEN IN PART 11a
The rinju	ō.				1 1 1 1 1 1 1 1		
34 000	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The I ion. e hos if pe	E					YES NO	YES NO
G PHYSICIAN: The ottending physicion er this certificate has the buriol-transit p and Mentol Hygien, ked or them 18 sterilists	₩	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHTS A AL MONTE	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
ding ph ding ph is certifi buriol-ti Mentol or Item	₹ S	(IF EITHER NOTIFY MEDICAL EXAMINER	THI CONTRACTOR OF THE CONTRACT	19			
PHYS andir this d M	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	DEFICE FARM FIC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OING PH or otten After thi e os the i olth ond morked o	1	AT WORK NOT WHILE AT WORK			,	1.	
	7-6	22a. I certify that (I) (this hospit		from	14/85, 19		. 19
R ATTEN hospitol hospitol hed for u Hed for u Hem 21 is		sow the deceased alive on obove, (1) (we) (did) (did not	view the body offer deaths	19, or	nd that in (my) (our) opinion	deoth occurred on the date on	d hour and from the couses stated
he he		22b. SIGNATURE	0,11	4 /	DEGREE		22c. DATE SIGNED
AL CAL Deto Deto Deto Deto Deto Deto Deto Deto			eleth Me	104011	ATTENDING PHYSICIAN	MEDICAL STAFF	7/9/85
HOSPITAL wined by the FUNERAL build be detable to the Store over Annual Contant:		224 PHYSICIAN'S NAME	111	1	22e ADDRESS	- 1 1	
		t	alth le	1901d.	4440	Castern	Hip
5 5 5 4 3 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23a E	SURIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF	EMETERY OR CREMATORY	23d LOCATION	
1998199		SPECIFY) Cremation	7-10-85	Greenm		Baltimore C	ity Md.
		remation	1 10 03	OT CCITI	ount	partrinore c	ricy rice
DHMH - 16 60M 7/B4	-	JNERAL DIRECTOR		ORESS	ount 250. DAT	E REC'D. BY REGISTRAR 256, RE	EGISTRAR'S SIGNATURE

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	STATE OF MARYLAND													
1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE														
CULL	Car.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									3			
7			CEASED NAME PE OR PRINT)	E 1831		MIDDLE		LAST		28 DA		MONTH	DAY YEAR	2b. HOUR
E84	ET,	Louis Armstrong DEATH MATED 7 8												
がいます	SIS	Ma	۵	Black	S PATE OF BIRTH		GE (IN YEARS	MONTHS DAY	YR. IF UNDER		ATE OUNCED	MONTH	DAY YEAR	18 1100K
SARY, H	NO.				1	53	31 YRS.	Morting DA	I NOUNS		EAD	7	8 19 85	2:31 _M
SSA RAL	PRESTON STREET		RTHPLACE (51	TATE OR	76. CITIZEN OF WH	AT COUNTRY	? 8.	MARRIED X	NEVER MARRI	FD 9. BAL	TIMORE CIT	Y OR COUNT	Y OF DEATH	
95.3	mark a			a Md	IISA	U.S.A. WIDOWED □ DIVORCED □ Baltimor						timore	City,	MD
SE 58	0 C	Baltimore Md Baltimore			11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 233 S. Dallas Street			R OTHER INST						USINESS
DELAY IS T TO THE P								et						IKT
A AIN	985/	USU/	AL RESIDENCE TATE	(# IN NURSING HOME	OR OTHER INSTITUTION GIV	RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore			13d. INSIDE CITY LIMITS? 13e STREET ADDRESS				212	70
SE SE	PART -		ryland	138 COOL	111				X NO	2416				v Road
9/10		14. F	ATHER'S NAME		MIDDLE		THOI E	15. MC	THER'S MAIDE			10 101		
1 31	2500	CL	ester		WIDDLE	. Enns			Mackie		Ree		Tann	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12 T	16a. \	WAS DECEASED	DEVER IN U.S. AR		16b. SOCIAL	SECURITY N	O. 17 INF	ORMANT		ADDRE	ESS	Idiiii	
5 500	SS /		ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	21/1 6	2-916	0 1	ohn Arm	ctuona	444E.	Lorra	ine Ave	
S S S S S S S S S S S S S S S S S S S	D S	₽N¢		F DEATH (Enter or	nly one couse per line			V UL	31111 - 1411III	strong	4445.	Luira	APPROXIMA	TE INTERVAL
TS TO	L ENE		PARTIDEATH WAS CAUSED BY: The Transporting Partition of the Partition of t									ET AND DEATH		
0 45 E	200	1	IMMEDIATE CAUSE (o) THE CAVELOUS HALCOLISHI (DUE TO, OR AS A CONSEQUENCE OF											
PRESTON ST VITHIN 24 HOL JULI IN ITEM I	RANSII PER ITAL HYGIEN PR REMOVAL			ns, if ony, which										
WIND W	MENTA N, OR P			se to immediate stating the under		AS A CONSEQ	UENCE OF						1	
ZOI EXAP	N. N.	4	lying cou	ise lost.	(4)								12.18	
DS, ALL	AS A BORIAL ALTH AND MI CREMATION,	50	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
CORDS BE EXEC NDING" NEDICAL	EW SEW	Z							THE THE THE THE	NY 1 (4).				
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₩ ₹₽	AFTER DEATH, WITH THE SALTIMORE, MARYLAND,				ge of the remains desc			Autopsy X				ond in my op	inion	
AMIR STIFF	RYL S		death results	ed from: Notu	rol couses (X),	Accident	, Suicid		omicide .	Undetermine	d monner L	١.		
CAL EXAM	₹ \$ \$		ACTUAL		XIV				E (SPECIFY)			DATE	7/9/85	
₹	ZE Z		SIGNATURE_	-	1			M.D <u>ASS</u>	SIStant	MEDICAL E	KAMINER	SIGNE	D 1/9/03)
MED ECUTI	NO W		EXAMINER'S	NAME Great	ory R. Kau	ffman.	M.D.	ADDRES	11	l Penn S	St.	Balto	O. MD	
EXE PAG	A FTER	23a.B	URIAL, CREMAT	TION, REMOVAL				ERY OR CREM		123d. LOCATIC				
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	re be executed wit	on Poles Lond 7	1	
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.	TO FUNRRAL DIRECTOR After this certificate has been signed by the ottending paracement and many certificates as should be detached for use as the buriol-tronsit permit. Then please removes containing the many many containing the properties of the property of health and Mental Hygiere prior to buriol, cremators, an emerging	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic renal, the method promitter mind	
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p .a	9	0, C11	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			120 USUAL OCCUPATIO			OF BUSINESS OR		
to to	-	BA	ETIMORE	THE JOHNS HOPK	LINS HO	SPITAL	(TYPE OF WORK FOR MOST OF	INDUSTRY				
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号 386	7	30.5	Md 196 COUN	Baltim	ore	134 INSIDE CITY LIMITS?	132 STREET ADDRESS /	ZIP CODE	Cour	+ 21231		
nn 2	4	4.50	THER'S NAME	Parcin	OLC	YES NO		12205	COULC			
1 /500	12			AIDDLE LAST			CTAST					
pa de	\leq				trong	Wanda		Cheese				
00	13		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS									
0		,,	ES, MOOR UNKNOWN) IF YES, GIVE	S Co	urt							
a se			18 CAUSE OF DEATH (Enter onl	v one cause per line for (a). (b).	ond (c)				APPRO:	XIMATE INTERVAL		
the phy		310	PART I. DEATH WAS CAUSED		O mins :							
9 00	-	7	IMMEDIATE CAUSE (6) CARDÍAC ARREST									
end end end on, o		119	e to a large	~ 28 hrs.								
e de		100	Conditions, if any, which gave rise to immediate	-								
t the		-2	couse (a), stating the underlying cause last	-28 hrs.								
tho d b leos leos or o												
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be be	2	V V	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	WERE FIND	INGS USED			
he hours	-			1.00			YES NO	YES		NO [
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5 ± 5 ± ₹ ₹ -	2	30 B	URIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	LAJUA CE		
BP		(5	Burial			Hill Cem	Δnne λr	STATE				
		4 FU	NERAL DIRECTOR				Anne Ar E REC'D. BY REGISTRAR 2	AL DECLETE		MG.		
DHMH - 16 60M 7/84			NAME	ADDRESS						handell "		
(VRA 15, 4)		William C. March F/H 1101 E. North Ave 111 2 2 1985 January								- 1		

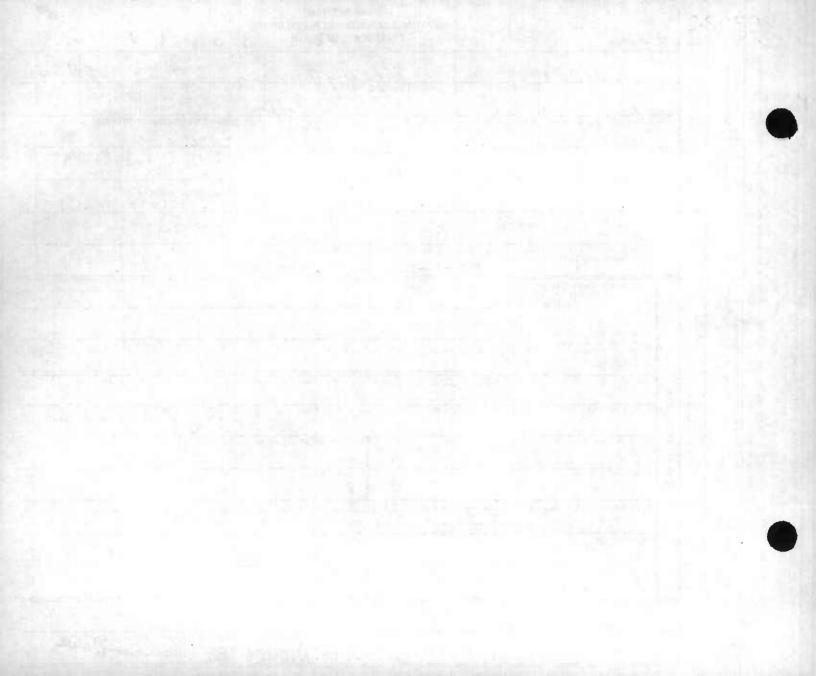
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME TYPE OR PRINTS Josphine July 21, 1985 Aro 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX IE UNDER 24 HRS reb.7.1925 Fema.le White BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIER NEVER MARRIED Marvland USA Baltimore City DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Honemaker working LIFE REST Balto .Md .212 Baltimore USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13, SIREET ADDRESS / ZIP CODE 1741 Belt St. Balto . Md . 21230 Battinore 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Stella Kiska Stephen Markowski 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATEST 217-18-6728 Mr. Edward J. Aro, Sr. Same as above 18 CAUSE OF DEATH (Enter only one couse per line for ie), (b) and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A COMSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO IT YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR LOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from, フーノテースら sow the deceased alive on_ and that in (my) opinion death occurred on the date and hour and from the causes stated obove, (I) (we kild) (did not) view the body after death. 226. SIGNATU DEGREE 22r. DATE SIGNED ATTENDING MEDICAL should be deto DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME TTYPE OR PRIM 22e. ADDRESS GORM CE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE ADWA. CO. Balto . Md . Burial 24,1985 Holy Cross Cemt. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Accully Funeral Home, 130 E. Fort Ave. Balto. UL (VRA 15, 4)

C C Call Party Attendance attack to the same of the state of the same The state of the season of the

Balto., Md

Anatomy Board

(VRA 15, 4)



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Page 1	16a V	VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	218-14-9		17 INFORM. JEAN	D. ASHI	BURN,	5716		PRING	G RO	AD
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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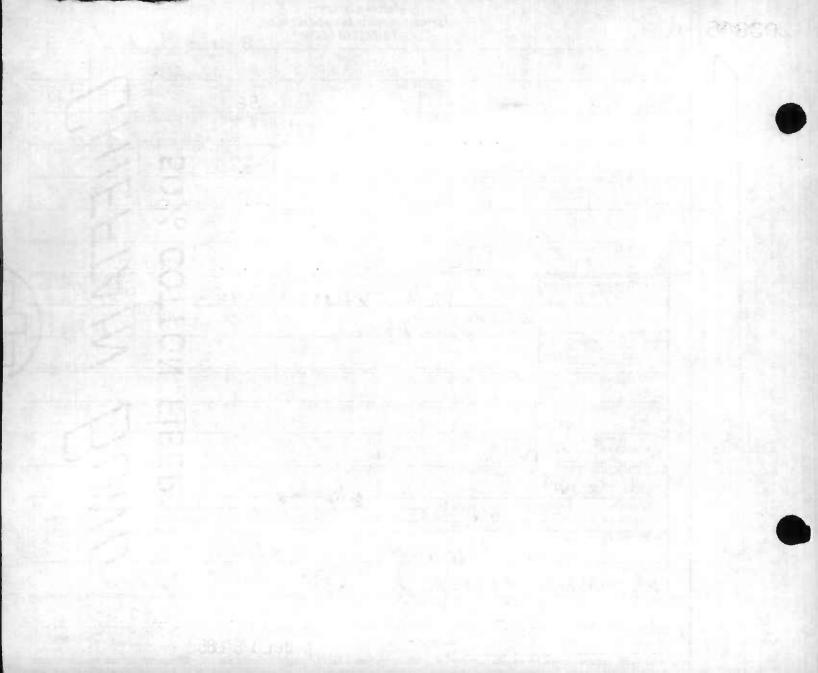
24 FUNE TERMS SONS FUNERAL HOME INC. 2501 GWYNNS FALLS PARKWAY

BURIAL

7-12-1985

BALTIMORE CITY

JUL 1 8 1985 / REGISTRAR'S SIGNATURE LANGE



192155 TO FUNERAL DIRECTOR

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MPORTANT: If hem 21 is marked

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 5	REG.1	10.	9	0	3
DATE OF	DEATH	MONTH	DAY	VEAD	21

		REGISTRAR			CERTIF	ICAIL OF L	EATH	O D REG. N	10.	7 0	9	
,		CEASED NAME FIRST OR PRINT)		MIDDLE	l	AST	2.1	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOL	R
1	11172	JESSIE			ASHE			JUL	Y 5	, 1985	6	Am
	3. SEX	K	4. RACE		5 DATE C		WF a D	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	# UNDER	R 24 HRS MIN.
		Female	Bla	ack	MONTH	30	144	74	YRS		HOOKS	M.IN.
2		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER A	AAPPIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
		eorgia	U.S	.A.	WIDOWE		ORCED	Baltimore	city	у,		MD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	TITUTION	12a USUAL OCCUPAT		12b. KIND (ESSOR
0	Ba	altimore	1046			enue		(THE OF WORK TORMOST	DI TY OKKIITO	LIII II		
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\geq	Ma	aryland	The state of the s	Baltim		YES X	NO 🗌	1046 N. Li	zerne	a Avenue	212	.05
	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NA			LA	ST	
1		Israel		Hollis			Caroli	ne		reer		
	16a W	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16b. SOCIAL SECU		17 INFORMA		ADDR		ollis,Ny		
	7	NO OV		212-16-6	321	Gerti	rude Ha	wkins 200–]	.6 11.			
		18. CAUSE OF DEATH (Enter o	nly one couse per	line for (o), (b), and	dicut	-				BETWEEN	KIMATE INTE	RVAL DEATH
		PART I. DEATH WAS CAUS	TE CAUSE (o)	rancre	atic	Can	cor			1	yea	2
			DUE TO, O	R AS A CONSEQUE	NCE OF						9	
		Conditions, if ony, which	(b)_									
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
		underlying couse last	((c)_									
	_	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	IDITION G	IVEN IN PART 1	0.	
	CERTIFICATION		1.0					I as a serious and a serious	Ton 15 11	EC MEDE EN ID		
2	PICA	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDI FIFYING CAUSES		
	E	a continue in prairie f	7 216. TIME C	NE BUILDY		In now h	11101 066110	YES NO		YES 🗌	ио [
7		210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	CLOSULES A	M. MONTH DA	YEAR	ZIC HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)		
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE		.м.	19	AV + C C + TIC						
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATIO	N	CITY OR TO	NWC	COUNTY		STATE
		AT WORK AT WORK			0	100 100 100	टारि	0.0		85		
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		sow the deceased alive a above, (I) (we) (did) did n	of view the body	ofter death.			Our J ppinion	deoth occurred on the c	lote and ha			
		226 SICNATURA	hara		1	DEGREE	TTENDING _	MEDICAL _ STA	AFF	22c. DATE	SIGNED	
		224 PHYSICIAN'S NAME (TYPE	more			22e ADDRES	PHYSICIAN [DIRECTOR PHYSI	CIAN	11	8185	>
			INBERG	pris .			acci inc.	gre 330 4		Hopkins		
		1					:00 N.W		etrno	re, Md	2120	15
		BUR'IAL BUR'IAL	7/9/8	5 23c. N	TAME OF C	EMETERY OR	REMATORY	ran Owings	M: 11.	COUNTY	Md	TATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT:

CERTIFICATION

MEDICAL

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STATE OF MARYL

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DEPART	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HY	GIENE 8	REG.	NO.	9	0	3	7
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NAME OF HOSPITAL, NURSIN		-d badby			LOCCUPA			KINDO	F BUSIN	MD. VESS OR
(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)					OF WORKING	LIFE) IN	DUSTRY		
St. Agnes Hos	pital			Maint	enan	ce-Md	Sta	te		
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Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.

190 DATE OF OPERATION

FOR

Male 10 BIRTHPLACE (STATE OR FOREIGN

Balto.

(YES, NO OR UNKNOWN)

No

Md 4 FATHER'S NAME

Md. 10 CITY OR TOWN OF DEATH

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIV

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

136 COUNTY

18 CAUSE OF DEATH (Enter only one couse per line

MIDDLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (0).

COUNTRY)

13a STATE

- STATE REGISTRAR DECEASED NAME THOMAS

3. SEX

DUE TO, OR A

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY?

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

			YES 🗌	NO	YES 🗌	NO 🗌
21a ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED) (ENTERN	ature of injury in	ITEM 18 PART T OR PART 2)	
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION SIREET		CHYORTOWN	COUNTY	STATE
22n Leartify that (1) (this hashital)	attended the deceased from	10	to		10	Abox (In fore) I

sow the deceased alive on above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE

PHYSICIAN 22d. PHYSICIAN'S HAME (TYPE OF PRINT) 22e ADDRESS

July 22

ATTENDING

A. GORDON DR. ANGOV 230 BURIAL, CREMATION, REMOVAL 23b DATE

23c. NAME OF CEMETERY OR CREMATORY Westview Mem. Pk. Cem.

23d. LOCATION CITY OR TOWN

DIRECTOR PHYSICIAN

STAFF

Balto.

206. IF YES, WERE FINDINGS USED

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

0 0

BP

Cremation

3512 # 21229

REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MEDICAL

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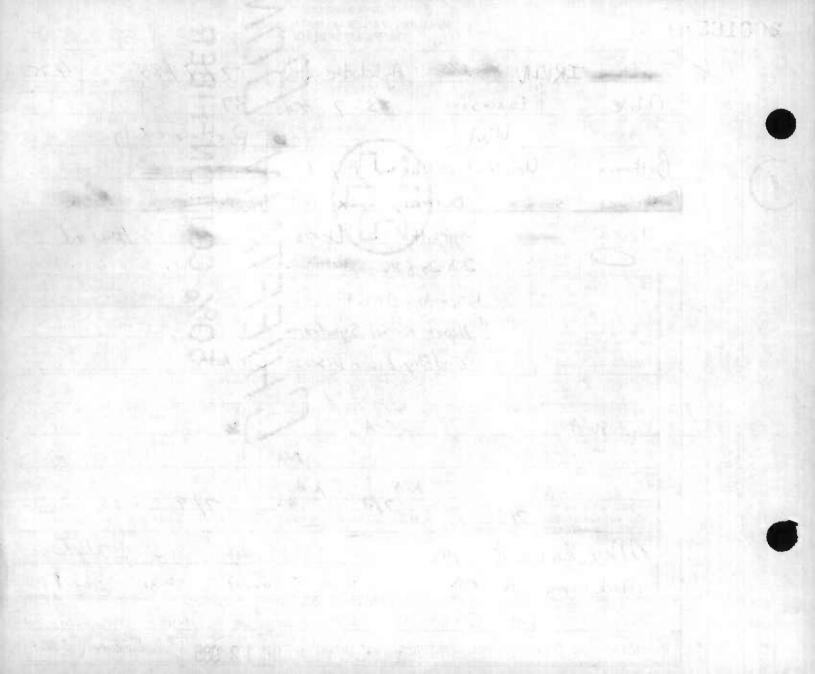
WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD

BALTIMORE, MARYLAND 21201

(VRA 15, 4)

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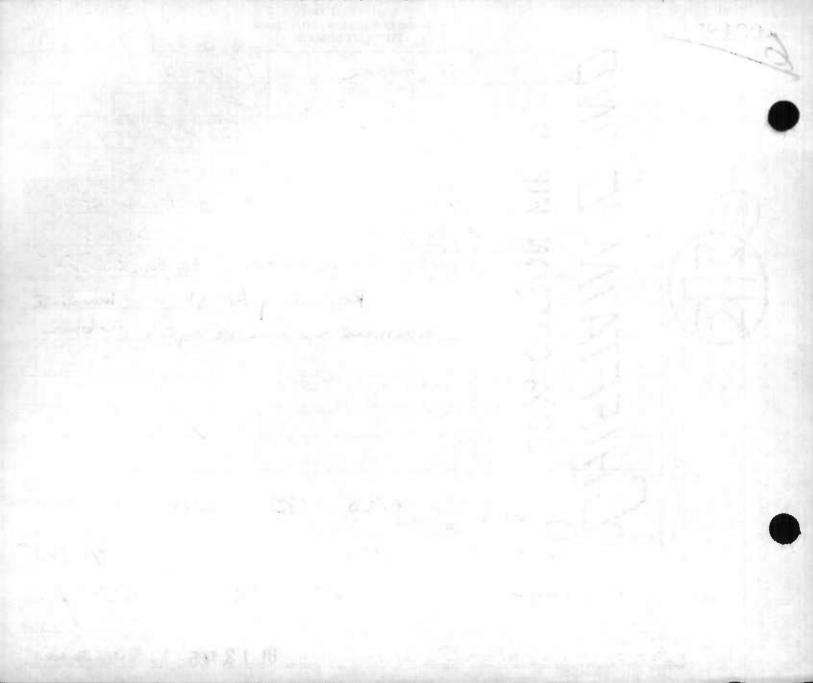
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7 7					STATE OF MA	RYLAND				
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E 4.	3.5E)		4. RACE		5. DATE OF BIRTH	- Ще -	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
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8 50 y					9 ./	1101/01	THE	101100	11	2/
to be do	1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per li	ne for (a), (b), and	To.		A	. 1	BETWEEN	ONSET AND DEATH
1 101	9		IATE CAUSE (a)		Ke	spirator	J HUS	10	IMM	edicle
th corporation	20		DUE TO OR	AS A CONSEQUE	NCE OF		1		1	
5 5 C E		Conditions, if any, which	(le s nread	Scham	nen cott	len Cas	N	succ
the decrete officers of the of		gove rise to immediate	(6)			3 10 3				
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beer mit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY	? 20b. IF YE	ES, WERE FINDS	NGS USED
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OR A DIRECTOR DIRECTOR DIRECTOR DEPT.		N -			DEGREE	ATTENDING	MEDICAL	STAFF	220 DATE	SIGNED
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DHMH - 16 60M 7/84 (VRA 15, 4)

Betts Funenal Home appress 129 N. CARoline JUL 12 1985 Fin Frieden Bander



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STATE OF MARYLAND

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STATE	OF	MARYL	AND
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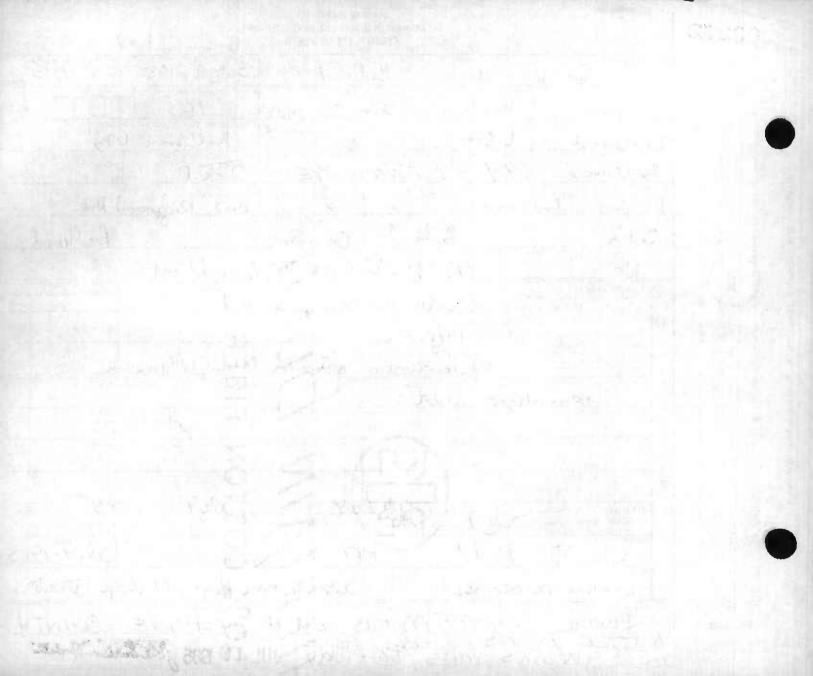
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de	1 00	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF	DEATH	20. DATE OF DEATH A	ONTH DAY	YEAR 12	
P P		CEASED NAME FIRST Mari		Baldassari.	Isella	July	7, 198		H PM
and	3. SE:	Female	White	S. DATE OF BIRTH	96	6. AGE (IN YEARS LAST BIRTH	YRS.		HOURS MIN.
nerol dir.	∄g. BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER		9. BALTIMORE CITY OR Baltimon	COUNTY OF	DEATH	MD
oy the fu	10 C	Baltimore	11. NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVE STREET FRANCES SCOTE	ADDRESS) 44		120 USUAL OCCUPATION ITYPO F WORL FOR MOST OF RETURNED	WORKING LIFE) II	2b. KIND OF HOUSEL	business or work
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at the death ce y the attending se remave carbs , cremotion, ar r ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE Ib)	Any Anto	Ry On	care	11110	Severe 14e	lyears
ned I plea vurial		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR COND	ITION GIVEN II	N PART 1(a	
equii The sig The r to b	ON	Severe s	anoresia, w	tloss ,	Lebi Gi	tale d.			
on. has been to permit to permit to permit.	CERTIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	200 AUTOPSY? YES NO 1	20b. IF YES, WE UM CERTIFYING YES	RE FINDING G CAUSES O	SS USED OF DEATH?
CLAN: To physicial physicial physicial cal-transport in the language of the la	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
offending fer this of s the burn ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE F	FARM, ETC.) 211 LOCAT STREE		CITY OR TOW	N	COUNTY	STATE
TTENDIN pital ai TOR Af far use a af Health		saw the deceased alive or	of view the body after death.	Y.T., and that in (my	19 85	leath occurred on the dat	e and haur and		out (1) (ye) last
the has the has at DIREC etached te Dept.		226. SIGNATURE	- Maluur	DEGREE H.D.	ATTENDING PHYSICIAN	MEDICAL STAFF	AND	22c. DATE SI	GNED . 83-
o Hospita etained by TO FUNER should be di with the Sto		22d. PHYSICIAN'S NAME ITYPE OF		22e ADDRE	SS	DAOWAY		nor.	Hell 2.31
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DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial
24 FUNERAL DIRECTOR Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

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STATE OF MARYLAND

				STATE OF MARYLAND		
214049	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	GIENE	
W# 3030		REGISTRAR		CERTIFICATE OF DEATH	B SIG. NO.	9041
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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J. Y. C.	3. SE.	(4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
g 22 4		COUNTRY)	11.5.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Roll.	timore CITYMD
P 1 (2)	10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 1 4		Baltimore	S. Baltimore (en. Hospital	Field Supervis	
2 2 2	UsU.		OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		(A(1/20/201)
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quires signes hen pl ta bury, c	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISENSE OR CONDITION G	IVEN IN PART 1 0
igr. T	ATIO	190 DATE OF OPERATION	TIPL CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
× 6 6 8 5	CERTIFICATION	IN DATE OF OPERATION	178 CONDITION ON WINCE	TOPERATION WAS PERIORMED	IN CERT	TIFYING CAUSES OF DEATH?
The te has shown shown the harmonic of the har	ERTI	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121, HOW INSURVINGED	RED (ENTER NATURE OF INJURY IN ITEM 18	YES NO
ICIAN. 3 phys entifica ial-tran intal Hy em 18		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	LENIER NATURE OF INJURY IN HEM IS	PARI I ORPARI 2)
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END ol o OR. OR. Heo			tal) attended the deceased from	and that in (my) (nur) paining	death occurred on the date and ha	, 19, that (I) (we) lost
ATT OSPIN		sow the december alive on above (I) (a final train no	ti view the body after death.	DEGREE	dealli occorred on the date ond no	
OR A DIRECOCHED		The formal of	1-0	ATTENDING	MEDICAL STAFF	221. DATE SIGNED
TAL Oby the RAL Dedector State Designate Desig		226. PHYSICIAN'S NAME (TYPE OF		PHYSICIAN [DIRECTOR PHYSICIAN	+130/85
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0446666		BURIAL, CREMATION, REMOVAL	- / /	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
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DHMH - 16 60M 7/84	24. F	NAME CUDTRI	ADDRESS	21018 25a DAI	UL 31 185	n speritispery with the former
(VRA 15, 4)		FLEMING FUNE	KALDERVICE ,	BENSON, MD.		

1				STATE OF MARYLAND		
	1	FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	10.7
	1 -	STATE REGISTRAR 7-31-8	j item 7a L.J	CERTIFICATE OF DEATH	BEG. NO.	9048
3281		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ofter death	TYPE	JOHN JOHN	J (N.M.I.)	BANDER	07	08 85 1 AM
i i	3. SE)	1	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
lo suo		male	White	08 22 12	72 YR	s.
\$25	70 BI	OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
9		Y OR TOWN OF DEATH	11 NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126, KIND OF BUSINESS OR
13/3	10 C	Baltimore	(# NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST OF WORKIN	GLIFE) INTURTANCS HAZEMAN
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5 R A		LAWREN	MIDDLE LAST	DER MARTH	MIDDLE	LAST
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14			nly one couse per line for (o), (b), (ED BY.	and (cv)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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645		Conditions, if ony, which	(b) Ca	Rdiac apphy	Tmia	
100		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF		
oth o		underlying couse last	(c)	SERVEE OF		
ry, or	-9			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART IIa
of ro	CERTIFICATION	typortensive a	entenioscleratic ca	difference disease		gestive Heartfailure
ony ony	CA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
Tows C	E		Al Establishment		YES NO	YES NO
Hyg 18 sh	Ü	210. ACCIDENT WAS UNDERLYING		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2]
ltem (N N	OR CONTRIBUTING CAUSE OF DE	BIII	19		
5	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
rked	2	AT WORK AT WORK	(AT HOME STREET, PACTORY, OFFIC	E. PARM, ETC. J		
E	1	22a. I certify that (I) (this hosp	ital) attended the deceased from	Stere 30 1955	10 July 8	. 19 85_, that (I) (we) lost
21 is	T-	sow the deceased alive or	JULY 8 19	85, and that in (my) (our) opinion	death occurred on the date and	hour and Irom the causes stated
E B		22b. SIGNATURE	at) view the body alter death	DEGREE		224. DATE SIGNED
7 =		11. 7	Va 11 7	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	107/18/85
Z		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN Z	100/00/20
IMPORTANT		ANA MA	RIA MARTINEZ	MD 3001 S. HI	ANDJER ST., BAL	B Md 21210
W GW	22- 5				123d LOCATION	
	230. 6	URIAL, CREMATION, REMOVA SPEBULIAL	7-11-85 PATE	NAME OF CEMETERY OR CREMATORY Oly Prinity	CITY OR TOWN	COUNTY STATE
	_			7	Elkridge	Howard Md.
M 4/83	"I	cculfy Funer	al Home Ave.	E. Patapsco "	TE REC'D. BY REGISTRAR 256 REC	aurdson-honor
, 4)			TO E . T	Balto. MD:2120511	1 1) 4005 EVEN	WOLLMAN, /

14 4 5 2 VU A. 1 RESIDENTAL A PRATE 3.4 Company of the control of the contro

64 1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE BG, NO.	9049
	PECEASED NAME FIRST PE OR PRINT) EDWARI	MIDDLE	BANKS JR	20. DATE OF DEATH MONTH DA 7 25	Y YEAR 26 HOUR 85 6:50a
6) 3 S	MALE	4 RACE BLACK	JUNE 24, 1924		UNDER 1 YEAR IF UNDER 24 HRS
M	BIRTHPLACE (STATE OR FOREIGN IARY LAND CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore City OR COUNTY C	
23 B	ALTIMORE UAL RESIDENCE UP NURSING HOME O	VAMC BALTIMORE		120. USUAL OCCUPATION ATTREE ATTREE 11 STEEL	126 KIND OF BUSINESS O INDUSTRY STEEL
\$35 M	ARYLAND 136 COU		RE YES X NO [5303 AWES LEY AV	ENUE 7
500		SR. LAST		NDER	LAST
160	YES OR UNKNOWN) WWT TARGET FOR CESS 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212 20 3086 MYRTLE BANKS 5303 WESLEY AVENUE				
event, th	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EX SANG VIN ATION				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH & M. M. CO / O. TE
roumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (1b)			i _f
ar other t	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF CUNG	ANCEK	
rinjury, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				
8 shows any injur	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
- A	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.				
orked or Item	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
121 is mo	270.1 certify that (A (this hospital) attended the deceased from 708, 1985, to 7/25, 1985, that (we) lost saw the deceased alive on 25, 1985, and that in (as (our) apinion death occurred on the date and hour and from the causes stated above, (a) (we) (did) (deligner view the body after death.				
If Hear	226. SIGNATURE	(1) Da (1100 a.)	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED

should be delivith the State W. JOHNSON JR. M.D. 230 BURIAL, CREMATION, REMOVAL

3900 Loch Raven Blvd. Baltimore Md 21218 23d. LOCATION STATE

7/30/85 BURIAL

23c. NAME OF CEMETERY OR CREMATORY GARRISON

22e ADDRESS

24 FUNERAL DIRECTOR

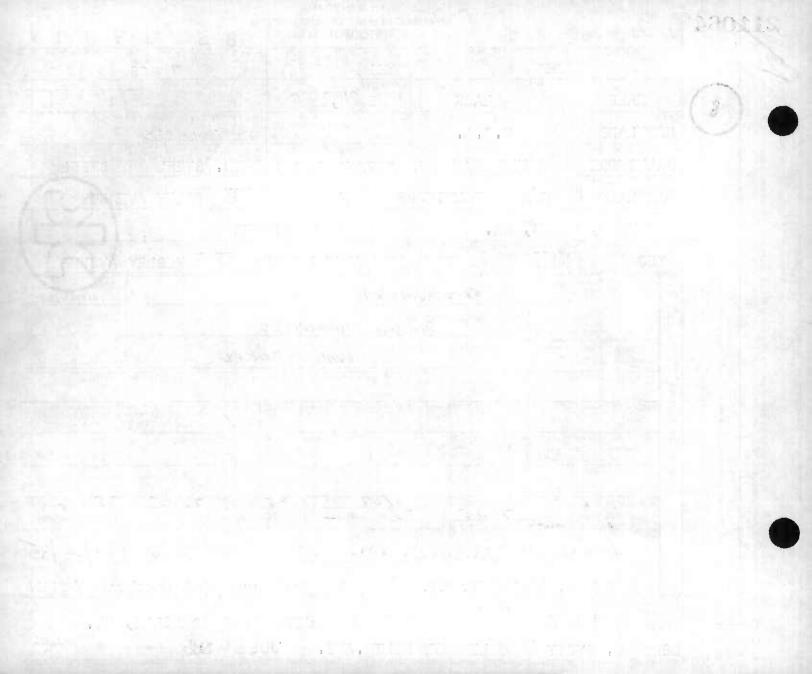
LEROY O. DYETT 4600 LIBERTY HIGHTS. AVE.

FOREST OWINGS MILLS, MD.

250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE

AVE. JUL 26 1985 June Davidson Handale

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND Film G605 item 1 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 7/12/85 tja CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME FYSAKA Jissie MIDDIE 20 DATE OF DEATH (TYPE OR PRINT) page 3 **JESSIE** BANKS в. JULY 9. 1985 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 4. RACE 5. DATE OF BIRTH MONTH SEAD Female Black 27 06 79 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City. Va. WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR East North Ave (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore North Avenue ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY Baltimore 113d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE AVE Maryland YES M 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Sarah Banks Unkn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 2458 Brentwood Ave George Banks 215-42-8039 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: 12911s IMMEDIATE CAUSE (0 cardiovascillar disease atheroscleratic Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [] š 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21a. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE present 22a | certify that (1) (this haspital) attended the deceased from. March sow the deceased alve on the body ofter death. and that in (my) (our) opinion death occurred on the date and how and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN the Ste Balto Md 230. BURIAL CREMATION, REMOVAL Burial 7/12/85 Eastview Mem Pk. Baltimore, Md. 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

William C. March F/H 1101 E. North Ave.

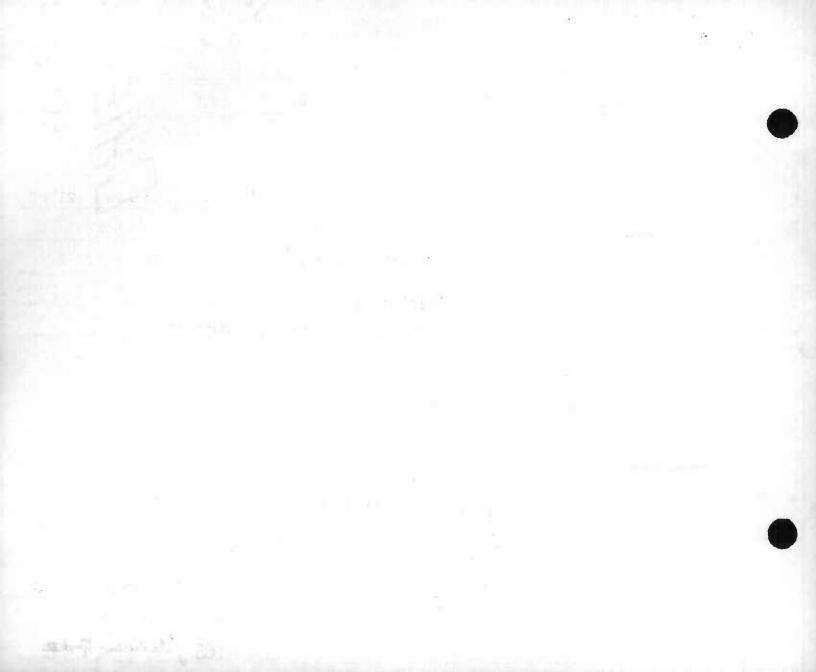
DHMH - 16 50M 4/83 (VRA 15. 4)

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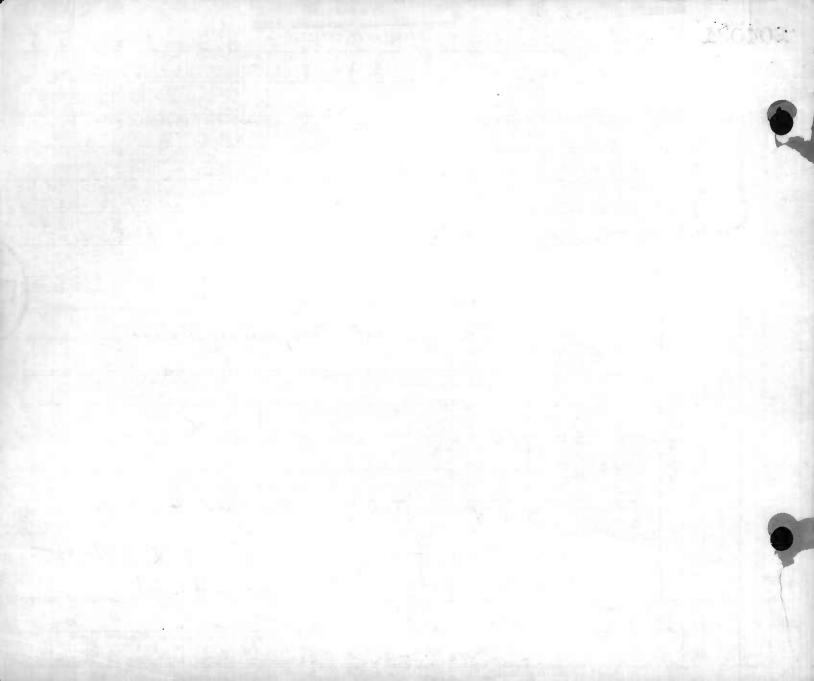
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1 4 1 5/0		or H Carolina	U.S.A, WIDOWED	DIVORCED * THE	DALTIMO	re ci.	MD.
1 11 60	10 6	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS),	HER INSTITUTION	PHSBL9CHATTON	126. KIND OI	F BUSINESS OR
1 20	U	RTIMORE	UNIVERSITY HOSE	PITAL	specialis	T DOCK	absec.
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DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requi offending physician. After this certificate has been signs as the buriol-transil permit. They though Amental Hygiene prior to be an and Mental Hygiene prior to be norked or Item 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WA	S PEREO MAD	200 AMTOPSY? 1206	IF YES, WERE FINDIN	ICS LISED
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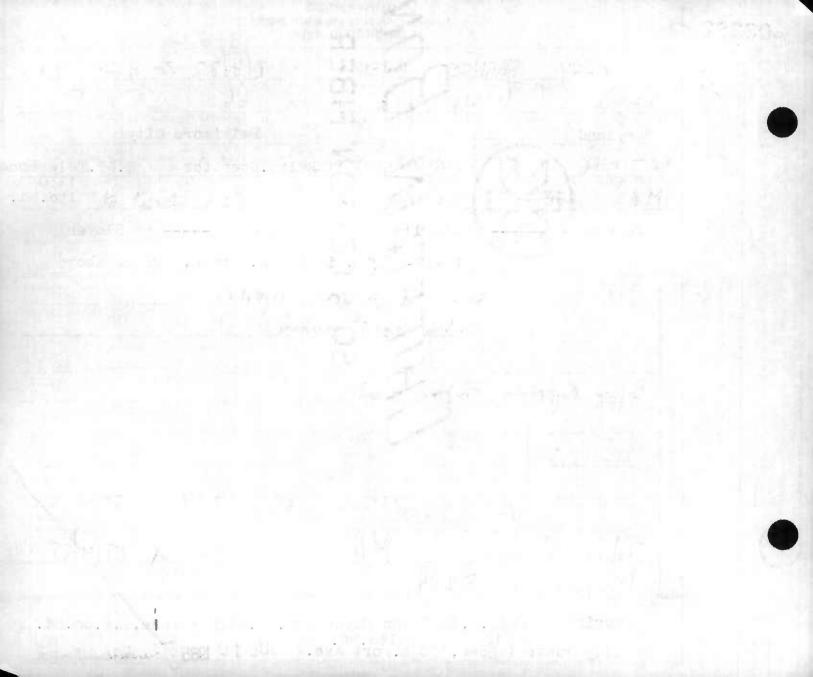
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(1	A PAGE		Baltim		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2122 Odell Avenue							OR INDUS					
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TIM	PER PRESENTATION IN THE PR	{Y	ES, NO, OR UNKNO	D EVER IN U.S. AR			16b. SO	CIAL SECURIT	Y NO.	17. INFOR				ADDRESS			
¥ 8	R GIV		No							Ne	ddie	Barn	es	1645	E. N	North	
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201	ON SENA		lying cau	ise last.		(c)											
DIVISION OF VITAL RECORDS, 201	HOUD BE EXECUTED FOR THE MEDICAL EVALUATED AS A BURINAL OF HEALTH AND MEDICAL CREMATION		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTIN	G TO DEATH I	UT NOT RELA	ATEO TO THE TERM	INAL DISEASE	E OR CONDITIO	ON GIVEN IN PAI	RT 1 (o).					
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	MIN IFFIC IFFI IFFI IFFI IFFI IFFI IFFI I		death result	ed from: Natur	rol causes	\boxtimes ,	Accident	, Su	icide 🗌	, Hami	icide .	Undeterr	mined mon	ner .			
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	SHEER HE		SIGNATURE.	many	while	MIL	Ju	me	M	D. ASS	istan	t_MEDIC	AL EXAMIN	JER	DATE SIGNED.	7-5-	85
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	TO MEDICAL EXAMINES. IN EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO PUNITAL DIRECTOR. PAGE DEATH WITH THE ST BAGINORE. MARYLAND. 2	73a.B		TION, REMOVAL 2		A		NAME OF CEA				23d LOC					
07/84	RP/225	(5	Buria		7/10	/85		Baltir				CITY OR	1tim	0.00	угииоэ		STATE
25M	DHMH - 17		JNERAL DIREC	TOR		+DD0Fff					250. DATE	F D BY RO	Beistown	256 REGIST		NATURAN	alle !
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	1	9	0	5
REG. NO.				

	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	SIENE SEG. NO.	190	5 7
ı	1. DEC	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
		OR PRINT) RUT	H W.	B	ARNES.	7	20 8	12. 1.001
	3. SE>		4. RACE WHITE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
		FEMALE		3.	13 1898,	4	YRS.	
2	. 0	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO		
4		nnecticut		WIDOWE		BALTIMO		MD.
	10 CI	GALTIMORE	(IF NOT IN SUCH FACILITY, GIVEST LYTHERAN HE	TREET ADDRESS)	MARYLAND IN	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Retired Section	KING LIFE) INDUSTR	oof Business or RY overnment
400	USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)				O TO Z I I III O I TO
		MD. BA		ALT.	YES NO _	130 STREET ADDRESS / ZIP		21239
	IIL FA	THER'S NAME	media LAST		IS MOTHER'S MAIDEN NAM	ME MEIULE	well in	CAST
2		William	F. Monag	han	Mary	J.	Lof	tus
			5.77 2	46218	WITTIEM F.	Everhart, Sr.	GL - Left Editor - Pet Land	mouth Lane
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane couse per line for 101, (b ED BY: TE CAUSE (o)		Bleedin	wie, MD 20715	BETWEE	CAIMATE INTERVAL EN ONSET AND DEATH
		IMMEDIA	72 07002 (0)			0	IIQ/SI	
1		Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	Acute Run	e fortux	N. Land	
1		gave rise to immediate cause (a), stoting the		COUENICE OF				
1		underlying couse lost.	(c)	GOLINCE OF	rummora,	REST failu	1>0.	
	Z	PART 2 OTHER SIGNIFICANT				INAL DISEASE OR CONDITIO	N GIVEN IN PART	lio
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINI CERTIFYING CAUS	DINGS USED
	RTIF					YES NO X	YES	NO 🗌
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM IB PART I OR PART 2	?)
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a. I certify that (I) (this haspi		0	29/85,19		R. J. 19	_, that (1) (we) lost
		obave, (1) (we) (did) (did no	7 2 D 1			death occurred on the date on	id hour and fram th	ne couses stated
		22b. SIGNATURE	Long		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	יש	120 185
1		226. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS			
		MAHESH	MOONDRA			age CT #e	-3 BALT	1 MD 21061
	23a B	URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE July 24. 1985		EMETERY OR CREMATORY THill Cem.	234 LOCATION CITY OR TOWN Suitland	COUNTY	STATE MD
-	24 FU	INERAL DIRECTOR	111/4	-	ISE DATE	E REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGN.	ATURE
	Be	eall Funeral Ho	me Bowie		lis Road 200715-3043	1023 1985	- me want disor	V-Maille

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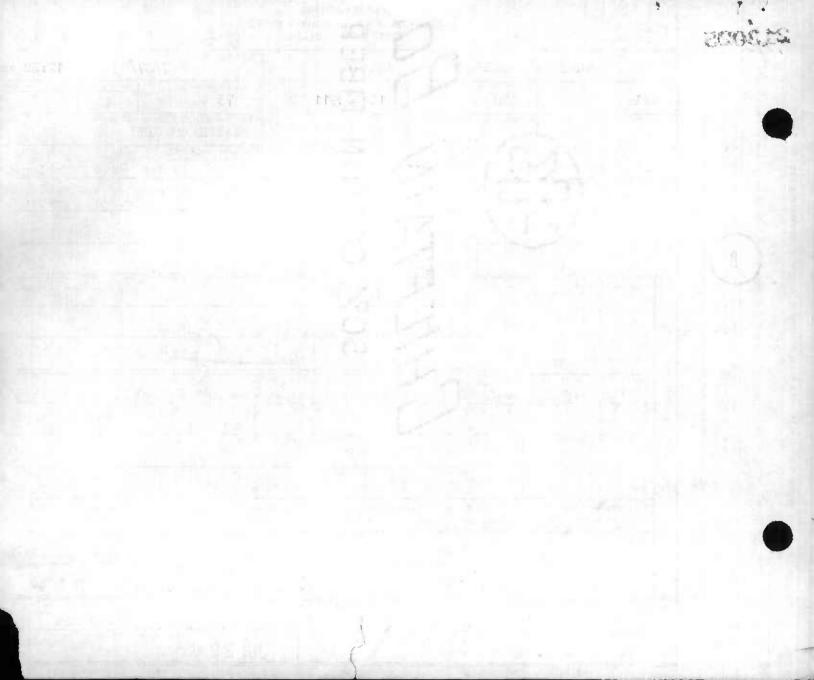
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG	ISTRAK					01 011		0 -	REG. NO.	1	0	
1 DECEASE	DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) ELMER ROBERT				BAR	NEY	20 DATE OF D	DEATH MONT	/27/85	YEAR	12:20	
mal	3		RACE WHITE	3	S. DATE C		YEAR	6 AGE (IN YEAR		YRS	DAIG	IF UNDER 24 MRS HOURS MIN.
Mary	land	1		S.A.	MARRIEI		CED 🗌		IMORE (CITY		MI
Balt	imore		St. Agn	es Hosp	oital	DR OTHER INSTITUT	TION	120 USUAL OC (TYPE OF WORK FI Retired	OR MOST OF WOR	KING LIFE) IN	NDUSTRY	of BUSINESS OF Plumbing
Mary		Baltim	Y	Woodl	OWN		X				Wood	21207 Hlawn, M
-	ohn		IDDLE	Barney	7	15 MOTHER'S MA FIRST Emm			MIDDLE	A	rnold	1
	ECEASED EVER OR UNKNOWN)		WAR OR DATES)	212-05		Marion B	arney	Same	as 13E	•		
gav und PARI	iditions, if any, we rise to impere se (a), statin lerlying cause 12 OTHER SIGN MATE OF OPERAL	dial	ONDITIONS CO	ctoi,	OUENCE OF e Heart TO DEATH BUT COLON		y Di	20a AUTOP	Aostic e	ON GIVEN II	HICIEU RE FINDI	cy.
OR CO		AUSE OF DEATH	P./ 21e PLACE C	M. MONTH M.	DAY YEAR 19 ICE FARM, ETC)	211 LOCATION STREET	Y OCCURF		RE OF INJURY IN IT		OR PART 2)	STATE
22b. S	certify that (I) saw the decease above, (I) (we) (C	d alive and did (did not)	view the body. Raw	after death.	9, ar	DEGREE ATTEL PHYS 22e ADDRESS) apinion o	MEDICAL DIRECTOR	STAFF PHYSICIAN	Thering 17AL	from the 22c DATE	
230 BURIA	SHAI L, CREMATION, Burial		23b. DATE 7/30/8	2		e Park Ce		23d. LOCATI	RIOWN	coc	unity lary l	and State
24 FUNERA	AL DIRECTOR 1	630 Edm	ondson Av	re. Cation	sville, N	1d. 21228		FY WOOD EREC'D. BY REC JUL 29	dlawn GISTRAR 25b. R	REGISTRAN	-	URE

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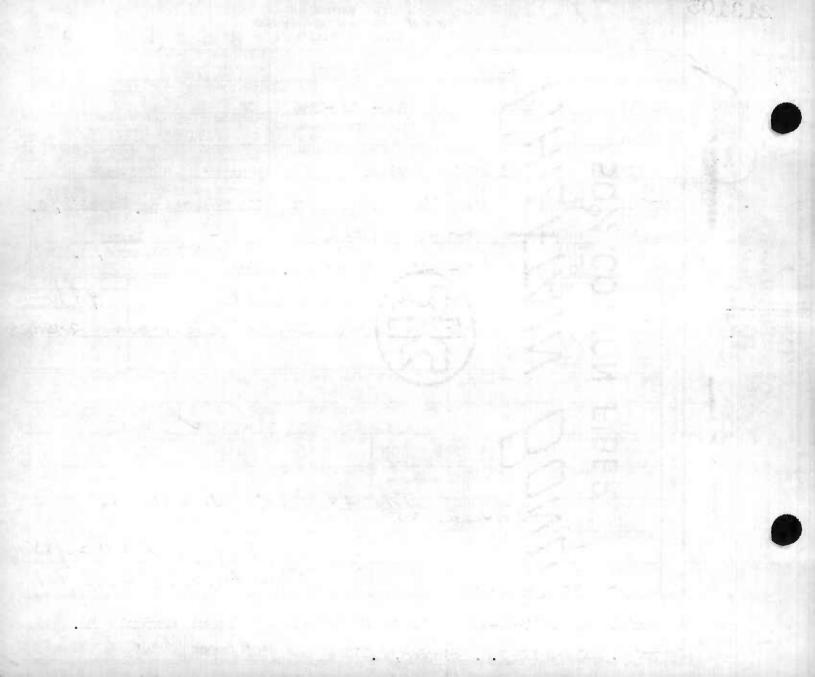
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 192039 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH: REGISTRAR DECEASED NAME DATE KNOWN YEAR (TYPE OR PRINT) ESTI-85 DEATH MATED X AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
HOULD BE FILED, ANJEWN 72 HOURS
RECORDS, (20) W. PRENTON STREET. Alvina Beck 19 4. RACE 6 AGE (IN YEARS | IF UNDER) YR IF UNDER 24 HRS DATE PRONOUNCED White 189 Female 85 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED MARRIED Maryland USA DIVORCED Baltimore City, II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY domestic housewife 3727 Brooklyn Avenue Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 30. Warvland 136 COUNTY BELIOF TOWN re 138. INSIDE CITY LIMITS? 3727 ADBrooklyn Ave. 21225 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Affelia. MIDDLE Nitscher Uhknown 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Furnace D MO, OR UNKNOWN) 3-10-3311 Thelma Bachof APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) AND MENTAL HYG DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WARDED TO THE WARDED TO THE PAGE 3 SHOULD BE USTATE DEPARTMENT OF STATE TO BUR YES [NOXX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 Inspection XX 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inquiry Undetermined manner Natural causes Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE 7-11-85 Assistant DATE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 21201 111 Penn St., Balto., Md. 23s BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Oaklawn Cemetery Md. Bartimore Burial 7-12-85 07/B4 Patapsco 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M Füneral Home **DHMH - 17** (VR A15 ME (5)) ve. Ballimore

STATE OF MARYLAND

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		FOR				E OF MARYLAND EALTH AND MENTAL HYG	IFNF			
207064	1.	STATE REGISTRAR				ICATE OF DEATH	REG. NO	. 19	0 6	4
1 2 24		OR BOILTS	FIRST	Alber	^	AST ELL	20. DATE OF DEATH	7 19		HOUR!
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MARYt ompletel		Richard	MIDDLE		U	Fanie	MIDDLE		lloway	
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or physicia on poper emovol.		18. CAUSE OF DEATH PART I. DEATH WAS	Enter only one co CAUSED BY: AMEDIATE CAUS		(b), and (c).)	Annest			APPROXIMATE BETWEEN ONSE	TAND DEATH
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OF VIII. CLIAN: T physici physici contributions noted Hyge em 18 sh		21g, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	SE OF DEATH HO	TIME OF INJURY DUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I (OR PART 2)	
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TENDI ntol or OR: A or use or use or use or use		22a.1 certify that (1) (the sow the deceased above (1) (was)	olive on	nded the deceased 7/19 ne body ofter death.		nd that in (my) (our) opinion o	to 7'14		from the cous	(I) (we) lost
Al OR AT the hosp at DIRECT tetoched (i tre Dept. or		22b. SIGNATURE	n E	Melal	L 147)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR ☐ PHYSIC	F	22c. DATE SIGI	
TO HOSPITAL etoined by the TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAN	LE (TYPE OR PRINT)	AHD. M	2.	22e ADDRESS		Memor	AL CE	NEL
PP	23a. I	BURIAL, CREMATION (RESPECIFY) Burial	MOVAL 236. D	7-23-85	St. Sto	EMETERY OR CREMATORY	23d. LOCATION Baltimore		Md.	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		JNERAL DIRECTOR	ex & Son	10c FX		25a. DATE	REC'D. BY REGISTRAR	56. REGISTRAR'S	SIGNATURE	ndalle

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90019	1 -	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH SEC. NO. 1 9 0 6 5
e 4 may be ctor, page 3 softer death		CEASED NAME CROSKY J. Belle 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 3 1985 M
ner death. Pog within 72 hour lied abone.	(RITHRIACE (STATE DE FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED PROBLEM 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION STORE FOR MOST OF WORKING LIFE) INDUSTRY
ed within 24 hours off	USIA IA FA	THER'S NAME Crosky MIDDLE Balle Swynn Falls PKny Clerk Dave Blocks Dave Bloc
be executed on and constant of the second of	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT VES NO OR UNKNOWN) 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 BETWEEN ONS IT (b), and (c), 1
quires that the death certifical signed by the attending phy, then please remove corbanpal to buriol, cremothan, or removing, or other traumatic event	NO	AS CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Adeno cancinoma Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to
N. The law re yysician. Case has been consit permit. Hygiene prinz. B shaws any in	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 7 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART TO RPART 2)
NG PHYSICIAN: The ottending physicic feer this certificate as the buriol-transit in and Mentol Hygic area or them 18 she bare or them 18 she	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIWHILE NOTIWHILE AT WORK NOTIWHILE AT WORK NOTIWHILE AT WORK NOTIWHILE AT WORK NOTIWHILE NOT
11 OR ATTENDING the haspital or in DIRECTOR A second for use to Dept. of Health is if them 21 is mis.		226.1 certify that (1) (this hospital) attended the deceased fram
TO HOSPITAL (retained by the TO FUNERAL II Should be deto with the Store I IMPORTANT: If		Adriana Uribe Loch Raven Veteran's Administration
BP		BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHITOR TOWN OF COUNTY MILE CO
DHMH - 16 60M 7/84 (VRA 15, 4)	24 5	45 A. MORTON & SONS ADDRESS OF LAURENS JUL 05 1985 Julia Davidson-Randolle

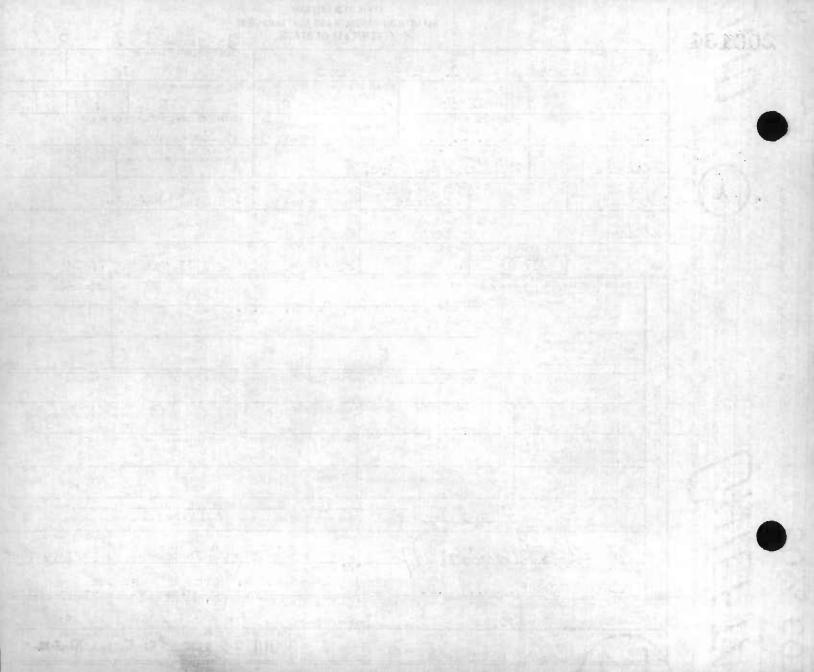
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				STATE OF MARYLAND		
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, 140,0000	16	REGISTRAR		CERTIFICATE OF DEATH	8 SREG. NO.	9 0 0 0
m.s. /		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH D	YEAR 26 HOUR
eort leort		SELMA	BEN	DORF	7/8/85	1:4 M
- Le d'a	3. SE	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 may be ector, page 3		Female	U) HITE	8 18 SXX	86 XXX YRS.	DATE HOURS MIN.
Pour Pour		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
nero in 72		GERMANY	USA	WIDOWED NORCED	BALTIMOR	CE CITY MD.
it for	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
10 s of 1		BALTIMORF	Sinial Ho	SPITA L	HOUSEWIFE_	AT HOME
212 hour	UsU 13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 136. INSIDE CITY LIMITS?	APT.	307 #21215
24 ND)	mo		NOW- YES DXX	2500 East (beliedere Ave
4 4	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
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xecut decol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMANT MRS .	LOTTA HOPEZMAN	
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ovires signed ren plant of burity, of uny, of the plant o	_	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
5 5 5 5	CERTIFICATION				Cardini II. 100	
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TALR icion. The licion. te has sit pe regione shaws	FE					NO []
AN: The shall have a shall have		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
SICIA ng ph popular ng philipping	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
DIVISION O DING PHYSIC or otherding After this cert e as the burid alth and Menta	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG Last the ast the arke	1	AT WORK NOT WHILE				
SR. A USE Heal	7.		tol) ottended the deceased from_	and that in (my) (pur) apinion	10 July 8	19, that (1) (we) last
ATTE SSpitt SCTC d for n 23	12		t) view the bady after death.	Texter mer and any access of many access of	death occurred on the date and hour	
OR AT DIRECT Oched f Dept. of f hem 3	13	22b. SIGNATURE	Λ	DEGREE ATTENDING	MEDICAL STAFF	221. DAJE SIGNED
by the ERAL D ERAL D Stote D		OMal	ly	PHYSICIAN [DIRECTOR PHYSICIAN	7/8/85
HOSPITAL lined by th FUNERAL build be deta th the State	1	22d. PHYSICIAN'S MAME (TYPE O	R PRINT)	220. ADDRESS	then m.	
O HOSPITAL O HOSPITAL O TO FUNERAL D should be detact with the State D MAPORTANT: If		D La	114	SINAI	110311146	
	23a. I	SURIAL, CREMATION, REMOVAL	JULY 9, 1985 "CI	HEVRACEAHAVASCREMESE	D RANDALLSTOWN	COURTALTO STATE MD
BP					RANDALLSTOWN	
DHMH - 16 50M 4/82		NAME	LEVINSON & BROS.		TE REC'D, BY REGISTRAR 256, REGISTE	andon-popular
(VRA 15, 4)	60	10 REISTERSTOWN	N RD. BALTO., M	D 21215	11 10 1985 June 13	111111111111111111111111111111111111111

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206134	1 - STATE REGISTRAR		CERTIFICATE OF DEATH 8 5 REG. NO. 1 9 0 6 7							
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26. HOUR	
r, page 3	TIAME	Bernard	0.		Benns		7 16	85	,	
moy fer d	3. SE.	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
rs of	1.1	Male	Black	9 MONT	15 VEAR 09	7	5 YRS.	MINS DAYS	HOURS MIN.	
Poor Poor		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	F DEATH		
n 72 in 72		iginia	U. S. A. WIDOWED DIVORCED [] 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2125 Druid Hill Ave.			Baltimore	MI			
with with		TY OR TOWN OF DEATH			OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE			12b. KIND OF BUSINESS OR		
5	Bal	timore			THE HOLE TO MOST OF THE MARKET WAS THE					
E 1 20 10 0	13a S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY OR TOW	VN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		2	1217	
BALTIMORE, MARYLAND cate be executed within spers. Pages I and 2 hour wol. it, the medical examination		cyland -	Baltimore		YES X NO	IES IX NO 2125 Vruid Hill Ave.			, m. / /	
RYL 122		THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAST		
AM b dan S	wil	liam	Benns		Evelyn					
MORE, nond co Poges I	(VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO.		17 INFORMANT	ADDR		M. Jes		
TIMO S. Pool	No	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217 05 2850			Ernest H. Rohoblt 3117 Hanlon 21216					
BAL are operate vol.			nly one couse per line for (a), (b), or	nd ici	7-3	CELLIEN TO	The second	BETWEEN C	MATE INTERVAL	
+ de de se		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Adenocarcinoma, Colon, F.A. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b)								
on recording										
deat deat deat tion, our										
W. PRESTON ST the death cert y the attending se remove carbon cremation, or ree		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
		underlying couse lost.								
2 6 6 7	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART \$(0)								
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir rathending physicion. When this centificate has been sign as the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION					Mark Trans				
Permits be pring soon	S	90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORM			N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
The The cron re ho sit p gien	1	10 April 198		ding	101 110 110 110 110 110 110 110 110 110	YES NO	Y YES		NO 🗌	
DF VITA physici trificate I-tronsi al Hygi m 18 sh		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2		
NOI SICI ng F cent cent tento	S	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19						
PHY endi this he bund M	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET				CITY OR TO	CITY OR TOWN COUNTY STATE			
DIV ING After os t Ith o		AT WORK AT WORK			11 100					
olo olo OR: A Truse Heo		22a.1 certify that (I) (this hasp saw the deceased alive on	ital) attended the deceased from	Feb	11, 1985 19 nd that in (my) (our) opinion (June 2	5 and hour s	1 85	that (I) (we) las	
ATT OSPIT OS		above, (I) (we) (did) (did no	ryew the body offer death				ole and hour a	22c. DATE S		
OR DER		ATTENDING MEDICAL STAFF								
HOSPITAL ned by th FUNERAL old be detered to the Store	0.0	22d, PHYSTCIAN'S NAME (TYPEC	JAWM H	M	PHYSICIAN D	DIRECTOR PHYSI	CIAN	1 19 J	uly 198	
O HOSPITA etoined by TO FUNERA should be de with the Stot						W. North	ave	nue		
Shoul MPO		ARCHIE ROBINS			DAL-I	TIMORE, MAR	YLAND	2121	7	
	23a (BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	Z3Z LOCATION		DUNTY	STATE	
BP	24 F	Burial UNERAL DIRECTOR	7-20-85 Ma	. Aub	urn Cemetery	Baltimor E REC'D. BY REGISTRAR			ryland	
DHMH - 16 50M 7/77 (VR A 15 (4))	100	' NAME	ADDRESS	046 1	111			don-B		
The same of the sa	Sax	Ley - Vouglass	Funeral Home 1	348 N	. Calhoun	L B B 1300			\$	

STATE OF MARYLAND



STATE OF MARYLAND

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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

FOR

I. DECEASED NAME

REGISTRAR

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

LAST

L HYG	IENE					
0	8	EG. NO.		9 0	Ó	9
	2a DATE O	07	770		7:	IR 100
20	8		YRS.	UNDER I YEAR	HOURS	MIN
		ALT I		E CIT		N
7		OCCUPATION reside		Dept.	of Busin	
TS?	13e.STREET	ADDRESS / Z	PPA	PD 7		
NAA	ΛE	WIDDLE		LA:	ST	
• В	erger	15ºfe Balti			21.23	34
-				BETWEEN	MATE INTE	RVAL DEATH
						1
TERM	NALDISEAS	E OR CONDIT	ION GIVEN	V IN PART 1:	0	

TO FUNERAL DIRECTOR should be detoched for with the State Dept. of He

BP
DHMH - 16 50M 4/8
(VRA 15, 4)

	(TYP	WALTER	CHARLES	S	BERC	SER	24 DAIL C	0	7 12	198	7:10 m
	3. SE	M	4. RACE		5. DATE C	PERTH DAY 196AR	20 8	YEARS LAST BIRT	YRS.	F UNDER I YE	YS HOURS MIN.
3		IRTHPLACE (STATE OR FOREIGN COUNTRY) I OWA	u.		MARRIE		<u> </u>	ALTI	MOR.		
oo under	B	ALTIMORE	SIA	A I HO	SPIT-	ROTHER INSTITUTION		OCCUPATION PROPERTY OF THE STATE	ON F WORKING LIFE) ENT	IMPBH BI	oof Business OR L. of iculture
35	13a.		NTY. Itimore	BALTIN		13d. INSIDE CITY LIMIT YES NO 🔀		ADDRESS /	ZIP CODE	RJ	21204
2	1	ATHER'S NAME Michael Ber		LAST		15. MOTHER'S MAIDER	N NAME	WIDDLE			LAST
2 June olico		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) NO	RMED FORCES?	478-10-4		Margaret K	. Berger		erron imore	Md.	
event, th		18 CAUSE OF DEATH LEMEN OF PART I. DEATH WAS CAUS IMMEDIA	inly one couse per ED BY: ITE CAUSE (0)	RESPIR	ATO P	Y APPEST				BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
injury, or other traumatic	The second	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OI	RAS A CONSEQUE RAS A CONSEQUE EPSIS DITRIBUTING TO TO	AZRE		TERMIN ALDISEA	SE OR CONE	DITION GIVE	N IN PART	No
shows ony inlur	CERTIFICATION	PART 2 OTHER SIGNIFICANT HYPER TENSION				, ALZhein N WAS PERFORMED	200 AUT		20b. 1F YES,	WERE FINI	DINGS USED SES OF DEATH? NO
00/1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	AIR	m. month da m.	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER N				n
norked	W	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F	ARM ETC)	STREET) (CITY OR TOV	2	COUNTY	STATE
frem 21 is morked or frem		22a. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n	July	12 19	82 , on	d that in (my) (our) opi	nion deoth occurr		. 1	ond from t	_, that (I) (we) lost the couses stated
		V.TS, where	((NG MEDICAL	STAF	FIAN	??c. DA	TE SIGNED
MPORTANT: #		VICTORIA T		2. G		SINAI	HOSP27	AL			
- (23a E	BURIAL, CREMATION, REMOVA	236 DATE	23c N	AME OF C	METERY OR CREMATO	ORY 23d. LOC	ATION			

July 15,1985 Cremation Greenmount Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Baltimore City, Maryland STATE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
JUL 18 1985 Julia Davidson-Andree

- 1 PARTITION !!

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR

STATE OF MARYLAND

DEI

PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & G. NO.	1 9	0	7	1
LAST	20. DATE OF DEATH MONTH	DAY	YE AR	2b. HOUR	
REGIONS S	Turk!	75	28	100	

1	- STATE REGISTRAR	DE A	CERTIF	ICATE OF DEATH	8 5 G. N	. 19	0 .	7 0
	CEASED NAME FIRST	WIDDLE	L	AS1	20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
(117)	TOSEPH	m.	BE,	ENER Sp.	To	14 25	851	OHAM
3. SE	X	4 RACE	5. DATE C	A CONTRACTOR OF THE PARTY OF TH	6 AGE (IN YEARS LAST BIR			UNGER 24 HRS
	M	W	5/	30/12	73	YRS.	DAYS HO	DURS MIN.
/o. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOWE	DENEVER MARRIED DIVORCED	Butter	R COUNTY OF DE	ATH	MD.
7	BILL NOWS		TI MORESS)		12a USUAL OCCUPATI (1YPE OF WORK FOR MOST O	F WORKING LIFE) IND	KIND OF BU	USINESSOR
130.	The state of the s		WN_	13d. INSIDE CITY LIMITS?	136.STREET ADDRESS		BAL	2123
14 F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA				
	GUSTAN	Beravi	ER	MARGARET	WIOOFE	W	elsH	
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SE (E WAR OR DATES)	7-47	17 INFORMANT	Bolson	505	of E	L.
	Conditions, if ony, which gove rise to immediate couse (01, stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE CONSECUTION OF T	ASP	PRATION TR	BEUMODIA			
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT PELATED TO THE TERM	INIAI DISEASE OR CONI	OLITICAL CIVISALIANI	DADY 1	
NO O	METAST	TATIC RECTAL	CA	TO LUNE	IIIVAL DISEASE OR COIN	DITION GIVEN IN I	PAKI IIO	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES ■ NO□	20b. IF YES, WERE IN CERTIFYING O	CAUSES OF	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR	PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF ALL WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E, FARM ETC }	21f. LOCATION STREET	CITY OR TO	vn coi	UNTY	STATE
	sow the deceased alive on above, (1) (we) (did) (did no		_	d that in (my) (our) opinion o	, to death occurred on the da			(I) (we) last
	Water Su	emplus		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	7-25	-85
	22d. PHYSICIAN'S NAME (TYPE OF			22e. ADDRESS	_	1.11.	21->	
	MARIA CO	LIENTEND		12201 DO TT	Unalle ST.	1815	170	

73: NAME OF CEMETERY OR CREMATORY

23e BURIAL CREMATION REMOVAL

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

JUL 26 1985

151 1 - STAT	E		EALTH AND MENTAL HYG	IENE		-2 1
REG	STRAR	CERTIF	ICATE OF DEATH	8 3EG. N		
1. DECEASE (1YPE OR PRIN 3. SEX 10. BIRTHPL	HAZEL	BEREND	S	20. DATE OF DEATH	10, 1985	26 HOUR
FEN	PALE I	WHITE TILL	/ 19 1891	6. AGE TIN YEARS LAST BIR	YRS. MONTHS DAYS	
He DEL	ACE ISTATE OR FOREIGN 76	U. J. A. WIDOWE		BALTI	ORE (2'74 ME
BAL	TIMORE !	525 S. KENWO	OD AVE.	HOME M	DE WORKING USE INDUSTRY	OF BUSINESS OR
BE ISO STATE	IDENCE (IF NURSING HOME OR OTH 13b COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OF THE PROPERTY OF TOWN OF THE PROPERTY OF	13d INSIDE CITY LIMITS? YES MO [130 STDEET ADDRESS	KENWADD	AVE
In FATHER	LSON MIDI	PIERCE	MINNIE MINNIE	CAR	VER	AST
I 6a WAS D IYES NO	CECEASED EVER IN U.S. ARMEI OR UNKNOWN) (1F YES, GIVE W	D FORCES? 166 SOCIAL SECURITY NO. AR OR DATES)	BILLY MOG	owski s	525 S. KEHL	WOOD A
18 C	AUSE OF DEATH (Enter only o	one couse per line for (o), (b), and (c)			APPRO BETWEET	NONSET AND DEATH
	IMMEDIATE C		SCVD			3 yrs.
		DUE TO, OR AS A CONSEQUENCE OF				
	ditions, if ony, which	(b)				
cous	e (0), stoting the	DUE TO, OR AS A CONSEQUENCE OF				
und	erlying couse lost.	(c)				
	2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	110
7 8	ATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [7]	
ORG	CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR			
/ 2	NJURY OCCURRED	P.M. 19 21e PLACE OF INJURY	211 LOCATION			
WHILE WHILE	E NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TO	OWN COUNTY	STATE
Company of the Compan	certify that (I) the box Not ow the deceased alive on bove, (I) (XXXXX) (did not) v	ottended the deceosed from 19 85 , or new the body after death.	May 9, 19 85 opinion	, to Jun- death accurred on the d		, that (I) (xx) los e couses stated
	IGNATURE July		DEGREE ATTENDING PHYSICIAN []	MEDICAL STA	FF _	12-85
22d F	HYSICIAN'S NAME ITYPE OR PR		22e ADDRESS			
111	Melito M. Tor	res, M.D.	441 S. Ellwo	ood Ave.	Balto. Md. 2	21224
23s OF IAI	, CREMATION, REMOVAL	236 PASE 236 NAME OF 9	METERY OR CREMATORY	23d COCATION	n	1
1911	RIAL.	14.14 16 1985 (YAK	LAUIN	MATTI	MARF	D. STATE
B3 UNERA	L DIRECTOR	1:	250. DAT	E REC'D. BY-REGISTRAR	756. PEGISTRAR'S SIGNA	TURE
MYN	TANK / KAMT	DRAMISKINDS 525	-LFIT T	111 1 5 1095	Like Davidson	- A

HITEL PERENES JULY 10 1985 Franke Water Coly 19 1891 Palling 198 City WIZERS PIERCE PRINCIE CHIVERS THE WILLIAM SEEN YEAR THE STEEN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

1	1 - STATE	DEPART	MENT OF HEALTH AND MENTAL I	HYGIENE	
F	REGISTRAR		CERTIFICATE OF DEATH	R REGIN	10070
	DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 126 HOUR
V	(TYPE OR PRINT) WILLIAM	Lua 1/	RITTS	-	1-19-85 7.000
1		I. RACE	TS DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 25 HRS
1	mara	141:1	MONTH DAY YEAR	0.1	MONTHS DAYS HOURS MIN.
-	BIRTHPLACE (STATE OR FOREIGN 7	WHITE	MAY 75 189		YRS
#	COUNTRY	b CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	N BALTIMORE CITY O	R COUNTY OF DEATH
1	VIRGINIA	USA	THE DITCHE	1 BALTIM	ORE CITY MD.
110	O. CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH EACILITY, GIVE STREET 		12a USUAL OCCUPATE	
4	BALTIMORE	LUTHERAN	HOSPITAL	BESEARCH	CHEM MOBIL OIL
	SUAL RESIDENCE (IF NURSING TOME OR C			? 13e STREET ADDRESS	718 CODE 211992
10	MARYLAND BAL	TIMORE TIMONIA	VM YES NO.	2102 PIN	VE VALLEY DRIVE
114	FATHER'S NAME		15. MOTHER'S MAIDEN		/
T.	CHARLES IN	ANDLE LAST	FREARD	INA C MIDDLE	ALTHER LAST
2 16	60 WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRE	SS
4	(YES, NO OR UNKNOWN) (IE YES, GIVE	WAR OR DATES)	1321 EDM.	PERMA	
F		705-05	10171 171115	y MECONER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), on DBY:	1	1. 1. 2.	BETWEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (0)	town win	melastas	7
П		DUE TO, OR AS A CONSEOU	ENCE OF		
	Conditions, if any, which	(b)			
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
	underlying couse lost.	(c)			
1.		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
3	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
4	S 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
7	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D.	21c HOW INJURY OCC	CURRED (ENTER NATURE OF NIL	RY IN ITEM 18 PART I OR PART 2)
1	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	C171 08 TO	WN COUNTY STATE
1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC.) STREET	CITY OR TO	WN COUNTY STATE
		ol) attended the deceased from_	6 - 25 10 8	5 107-19	= 19_80 , that (I) (we) lost
ŀ	sow the decensed plive on	7-19 10		ion death occurred on the de	ate and hour and from the causes stated
1	abave, (I) (we) (did) (did not 22b. SIGNATURE	view the body ofter death.	DEGREE		22c. DATE SIGNED
	Mellin	N .	ATTENDIN	G MEDICAL STAI	F 7-19-50
-	22d. PHYSICIAN'S NAME (TYPE OR	PRINT	PHYSICIAI 22e ADDRESS	DIRECTOR PHYSIC	IAN ()
	A - Mat	hew.	Lutherar	· Hospital -	730 Ashberlanst
			Lord Land	/	of altiment

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

IMPORTANT:

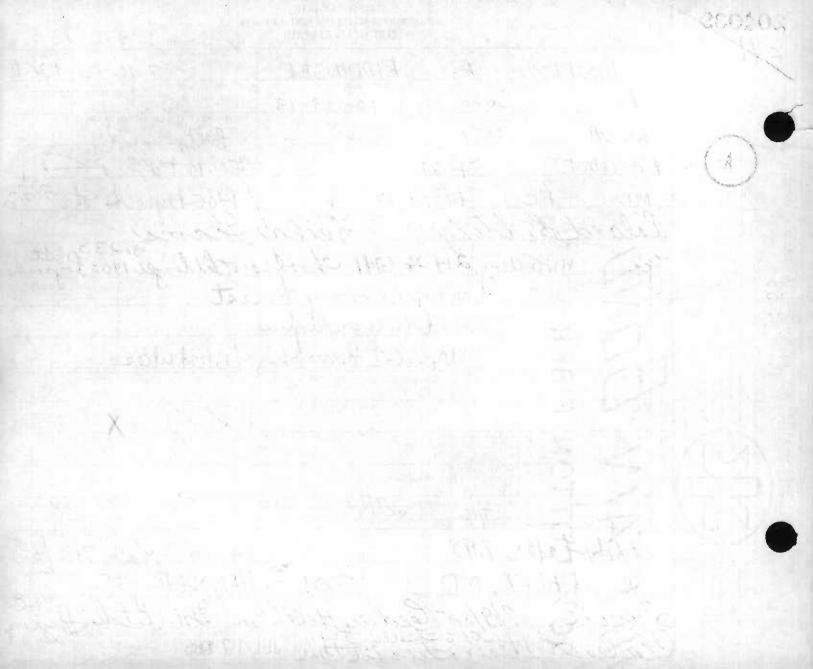
230 BURIAL, CREMATION, REMOVAL (SPECIFY) FNTOMBMENT 24 FUNERAL DIRECTOR 23b. DATE 230 NAME OF CEMETERY OR CREMATORY

CHAPEL OF CHIMES

X 125 38 300 15 8 2 X the william was a few and the same of the The second of th the same of the state of the st

11 2 11

85 CO 28 F1 F0 Set St. ton. - Will . Ittenen, id. II. ltl or it/ Altimor The Inion a mori 1 on ital 18915 - 18 m den . n 1991 ON THE PROPERTY OF THE PARTY OF Carl d. Setz Larrei v. Lar Yea - Morron Mar 21 - 25 - 199 - Mrs. Corroling C. dotte- Will in Mount ich l rino ocl . hiv raity Emityay redence of Fifth Cos. - salitations, and the



203365

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours offer death

STATE OF MARYLAND

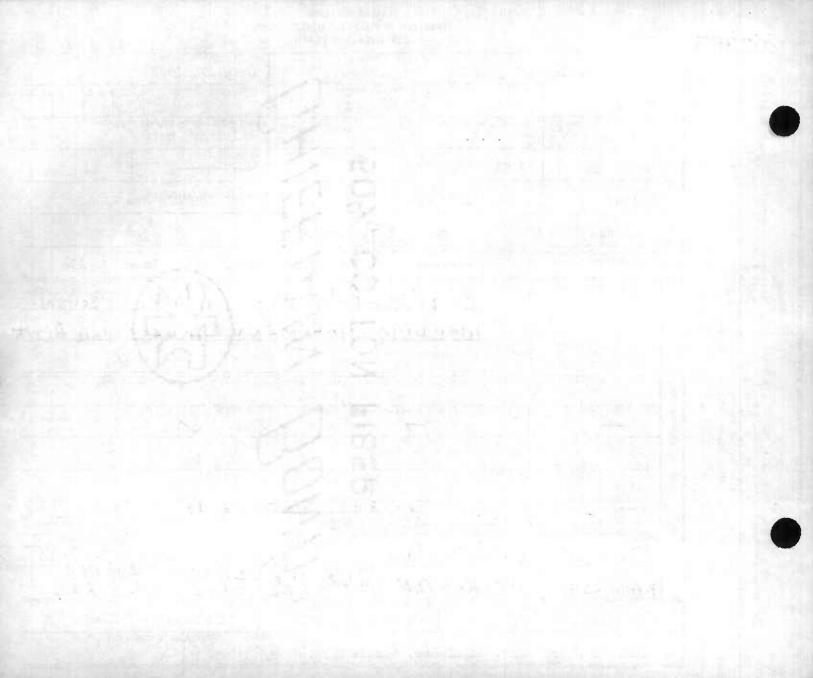
	1 - STATE REGISTRAR	DEPART	CERTIFICATE OF D		NO. 19 (7 5
	1 DECEASED NAME FIRST TYPE OR PRINT) Ashley	Marie	Bigos	20 DATE OF DEATH July 17,		2b HOUR S
	3 SEX Female	4 RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEA	
5	In BIRTHPLACE STATE ORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED LI NEVER M	AARRIED BALTIMORE CITY ORCED Baltimor	OR COUNTY OF DEATH	MD
	Baltimore	11. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACILITY, GIVE STREET 3860 Lyndale	appress)	ITUTION 120 USUAL OCCUPA TYPE OF WORK FOR MOS		O OF BUSINESS OR
5	USUAL RESIDENCE (IF NURSING FOME OR 130 STATE 136 COUN Maryland	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13. CITY OR TOW BAITIMOL	e 13d. INSIDE CI	,,,,	Sdale Ave 212	13
)	14 FATHER'S NAME ROBert	A Bigos		MAIDEN NAME Tance	Lister	AST
	16a WAS DECEASED EVER IN U.S. AR (YES, NOOR UNKNOWN) (HE YES, GIV	MED FORCES? 166 SOCIAL SECU		bert A Bigos	Same As	: 13e
7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT C	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 198. CONDITION FOR WHICH	ENCE OF	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 20b. IF YES, WERE FINE IN CERTIFYING CAUSI	1/a
	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN	YES NO W	YES 🗌	NO 🗍
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that II) (this haspi sow the deceased alive an above, II) (we) (did) (did na 22b. SIGNATURE TOWNS AND THE STORY OF THE STOR	P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, 1 tol) attended the deceosed from 11 view the body after death. WE PRINTI	AY YEAR 19 211 LOCATIO STREET DEGREE 22 ADDRESS	N CITY OR 19 5 to 7 - 19 Our) apinion death accurred an the B B S MEDICAL ST THENDING MEDICAL ST HYSICIAN MEDICAL PHYS	10WN COUNTY 19 85 date and hour and from the 22t. DA	STATE
	23a BURIAL, CREMATION, REMOVAL	NEELKANTI 1236. DATE 23c. 1	NAME OF CEMETERY OR C		, md. 21	224.
	(Specify)Burial	7/20/85	Gardens Of Fa		ore, Marylan	
1	24 FUNERAL DIRECTOR	T ADDRESS	. 77	25a DATE REC D. BY REGISTRA		ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. at Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traum

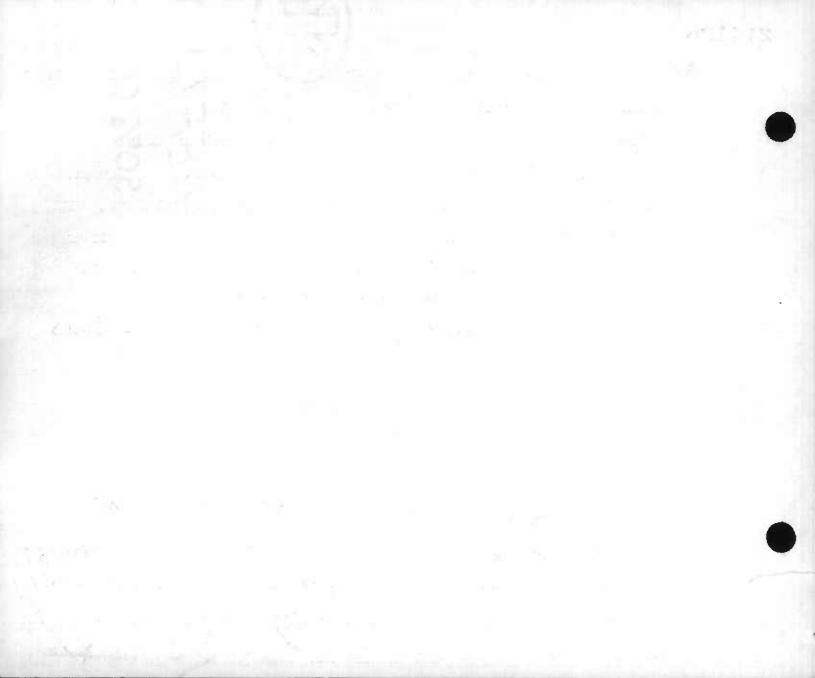
OR ATTENDING PHYSICIAN: The

Leonard J Ruck Inc. Baltimore, Maryland



STATE OF MARYLAND

Film G606 item 5



STATE OF MARYLAND

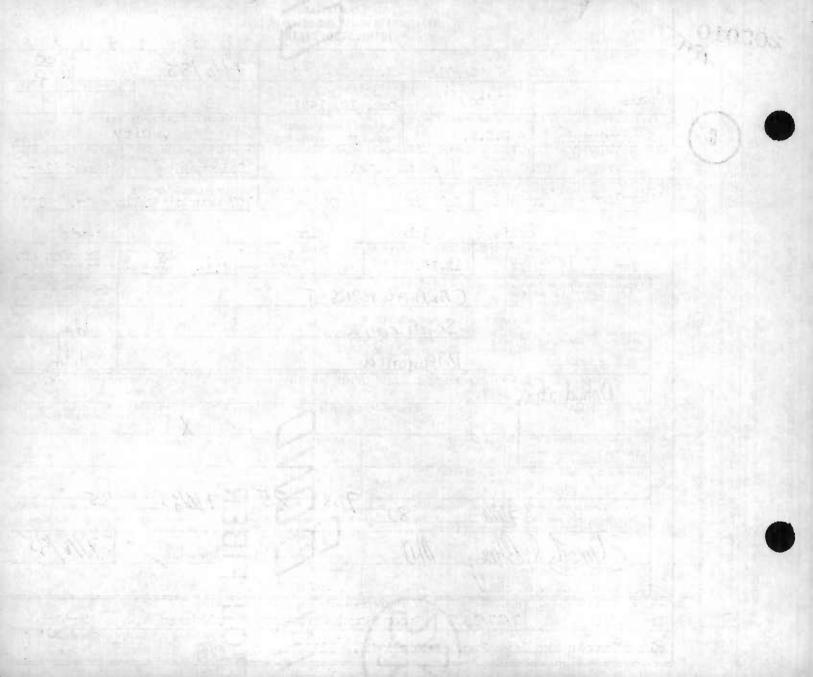
205010	1.	FOR STATE REGISTRAR			DEPA		CATE OF DEATH	YGIENE	3 G. NO.	1 9	0	7 7
Bri		CEASED NAME	FIRST	MI	DDLE	(/	ST	20. DATE	OF DEATH MONTH	H DAY	YEAR 2b.	H818
y be		I	HOWARD		eslie	BLAKE		+1	16/85		6	
Page 4 mo	3. SEX	Male	4. RA	White		S. DATE O	DAY YEAR			MONTHS	DAYS HO	UNDER 24 HRS.
	1 0	RTHPLACE (STATE OR F			HAT COUNT	RY? 8 MARRIED	NEVER MARRIED		MORE CITY OR CO		ATH	
de Grand	-	Pennsylvan TY OR TOWN OF DEA		U.S.A		WIDOWE	DIVORCED [TIMORE ,		KIND OF BI	MD USINESS OR
s offer	,	BALTIMORE	CITY "	UNION	MEMOR	REET ADDRESS) IAL HOSI		ITYPE OF V	ORK FOR MOST OF WORK ESMAN	(ING LIFE) INE	utomob	
24 hours	130 S	I RESIDENCE (# NURS TATE Maryland	13h COUNTY Harfo		Bel A	OWN	13d INSIDE CITY LIMITS?		Country 5		e Dr.	21014
16/1/	14 FA	THER'S NAME	MIDDLE		LAST	military.	15. MOTHER'S MAIDEN N	NAME	MIDDLE		LAST	110
p # 1 / 2 /		Golden AS DECEASED EVER	Lesl		BLa	ake	Nina Nina		Jane		Lewis	
on order		YAS DECEASED EVER ES, NO OR UNKNOWN) Yes	(IF YES, GIVE WAR I	OR DATES)	212.16		Pat Mil	ricia lersvi	J. Newby	rland	21108	3
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stond offend on, o		Conditions, if ony,		OUE TO, OR	AS SCONSE	Them!	à				Ida	4
NG PHYSICIAN: The low requires that the death certificate be executive cutting physician. After this certificate has been signed by the attending physician and as the burial-transit permit. Then please remove carbanappers. Page than and Mental Hygiene prior to burial, cremation, or removal. arked or Item 18 shows any injury, or other traumatic event, the medical		gove rise to immodule couse (0), stotin underlying couse	ig the	the DUE TO, OR ASACONSEQUENCE OF							ld	A
quires 1 quires 1 signed Then ple to buric	NO	PART 2. OTHER SIGN	VIFICANT COND	ITIONS CO	NTRIBUTING .	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONDITIO	n given in	PART III	0
hos been prior permit	CERTIFICATION	19a DATE OF OPERA		% CONDIT	ION FOR WH	ICH OPERATION	N WAS PERFORMED	20a Al	NO INC	IF YES, WER ERTIFYING YES	CAUSES OF	USED DEATH?
VITA VITA AN: Th hysicio Ficote fransit Hygie		21g. ACCIDENT WAS UNE		Ib. TIME OF		DAY YEAR	21c HOW INJURY OCCI					- 0
SICIA certition properties of the properties of	MEDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)	P. <i>N</i>		19	AN LOCATION	11/				
IVISIO IG PHY rer this s the b that and h rked or	MED	21d. INJURY OCCURI	THE C	1e. PLACE O	ET, FACTORY, OFFI	ICE, FARM, ETC }	211 LOCATION STREET	-	CITY OR TOWN	co	YINU	STATE
N. Afron		22a.1 certify that (I)		ttended the	deceosed fro	~	1115 198	5	7-11185	, 192	, that	(I) (we) lost
ATTE aspire ECTO ed for m 21		sow the deceose	ed olive on	the body o	ilter death.		d that in (my) (our) opinio	on deoth occu	rred on the dote on		rom the cou	
MAL OR RAL DIR RAL DIR detach tote Deptach If Ite	d	dime	A.S./	Horas	1	10	ATTENDING PHYSICIAN		AL STAFF OR PHYSICIAN	1	7/16	185
O HOSPIT etained by TO FUNER should be o with the Sto	-	TTMOTHY	MURRAY	MD /			11NTON ME	EMOETAT	HOSPITAI			
Show show	23a P	URIAL, CREMATION,		DATE	12	3c NAME OF CI	EMETERY OR CREMATOR		CATION			
RD	- (specify)		/17/1			ount Cremato		altimore	4000		and State

DHMH - 16 50M 4/83 (VRA 15, 4)

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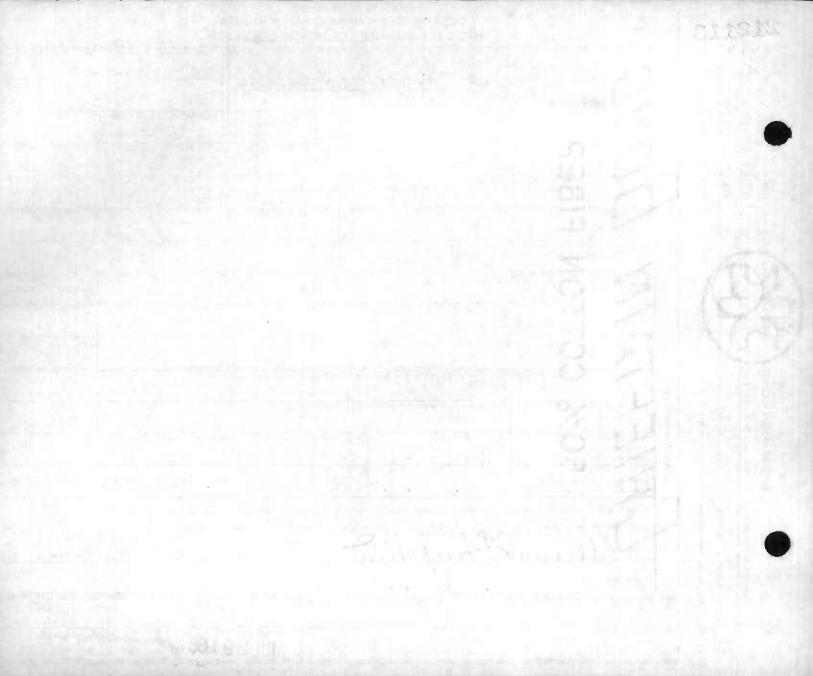
74 FUNERAL DIRECTOR
Walter Brooks Bradley, Inc., Dundalk Md. 21222

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 214104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-1 TSA BLANDON DEATH MATED -28-85 19 4 RACE S. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST SIRTHDAY) PRONOUNCED 3 Black Female 65 DEAD 20 7:30P 7-28-85 19 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X Maryland WIDOWED DIVORCED Baltimore City IB. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Springhill Avenue FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD, 21201 13.25TT Springhill Ave. 13h COUNTY Baltimore 138. INSIDE CITY LIMITS? Maryland YES TX 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Blandon MIDDLE Earline Holmes 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO ADDRESS ISIT PERMIT, PAGES I Blandon Earline No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound to chest IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION BE USED ANT OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO | 3 SHOULD BE UDEPARTMENT C 210. EXTERNAL CAUSE WAS 21 DANEY CON XIJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOND MONTH DAY YEAR X OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH subject shot 7-28-85 21e PLACE OF INJURY (ATHOME STREET, FACTORY FARM FICE AT porch) Street 2617 Springhi 97 Avenue Balton, Maryland WHILE AT WORK TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALLIMORE, MARYLAND. 22e I certify that I taok charge of the remains described above, held an Inspection death resulted fram: Notural causes TITLE (SPECIFY) ACTUAL DATE 7-29-85 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn STreet EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23d LOCATION 236 BURIAL, CREMATION, REMOVAL 236, DATE Maryland Baltimare Burial 8-3-85 Mt. Auburn Cemetery 07/84 BP 25M 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Bailey-Douglass Funeral Home 1348 N. Calhoun St. 111 (VR A15 ME (5))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 212113 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH . REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-BI IZARD JR. DEATH MATED **SPURGEON** 7-26-859 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d HOUR 20 YEAR LAST BIRTHDAY PRONOUNCED White 53 31 11:15 Male 11 DEAD 7-26-8519 To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED X MARRIED Baltimore City PA USA DIVORCED 1, 2, AND 3 TO THE FUR M. 3. RETAIN PAGE D.2 SHOULD BE FILED UDAL REFORDS("20) Att 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TTYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Ravenwood Avenue Baltimore ALTIMORE, MD. 21201 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3235 Ravenwood Ave. 21213 MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Spurgeon Blizard Betty Holliday Sr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-64-0715 Betty Blizard 3235 Ravenwood Ave. Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W.:PREST Canditions, if any, which gave rise to immediate A BURIAL TP cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION AS USED / 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO V 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11:04.PM 7-26-85 caught in a housefire WEDICAL 21d INJURY OCCURRED 211 LOCATION NOT WHILE 3229 Ravenwood Aver Baltimore, Maryland Tate (1st.fl. apt. AT WORK AT WORK Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fro Homicide ! Undetermined manner Natural causes Suicide TITLE (SPECIFY) 7-27-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Dennis F. Smyth. M.D. TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mills STATE Burial 7/29/85 Garrison Forest VA Cem MD Owings 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR SISIGNAL PROCESSION OF THE PROCESSION OF 24 FUNERAL DIRECTOR DHMH - 17 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5))



132	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND TOF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	teg. No.	0 0 8 0
enth of	1 DECEASED NAME FIRST ROBERT	MIDDLE B	LOCK	JULY 10.1985	YEAR 26 HOUR 50a
of the co	3. SEX MALE		JULY 10, 1941		UNDER I VEAR IF UNDER 24 HRS
35	MARYLAND	USA UST COUNTRY?	AARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE CITY OR COUNTY O	
130	BALTIMORE	THE WORK OF HOSPITAL, NURSING HO	INS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OPERATION ANALYST	126. KIND OF BUSINESS OR INDUSTRY SOC. SECURITY
35	MARYLAND BAL'		YES NO X	13. STREET ADDRESS / ZIP CODE 4111 WINDRIDGE R	D. #21208
130	NA FATHER'S NAME FIRST BENJAMIN	B LOCK LAST	JEANNE	MIDDLE	MACKLIN
10 July 2	60 WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECURITY 214-38-476		RS. DIANE PRESS BLOCK IDGE RD. BALTO.,	
	PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c) BY: E CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 min
nove to	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE			1 month
d by my lease rer ial, crem or other	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE	ymphocytic l	Leukemia	9 years
Then pour	NO	onditions <u>contributing to deat</u>	<u>TH</u> BUT NOT RELATED TO THE TERM		
	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed		VERE FINDINGS USED NG CAUSES OF DEATH?
1000	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
Alegada Alegada	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, I	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
H+pl H+pl	220.1 certify that (I) (als hospits saw the deceased alive an	ottended the deceased from 6		death accurred on the date and hour o	8.5 that (1) world ast

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL J236 DATE JULY 11,1985

KLION

226 SIGNATUR

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 7/10/85

22e ADDRESS 600 N WOLFE ST BALTO, MD 21205

PETACH TIKVAH

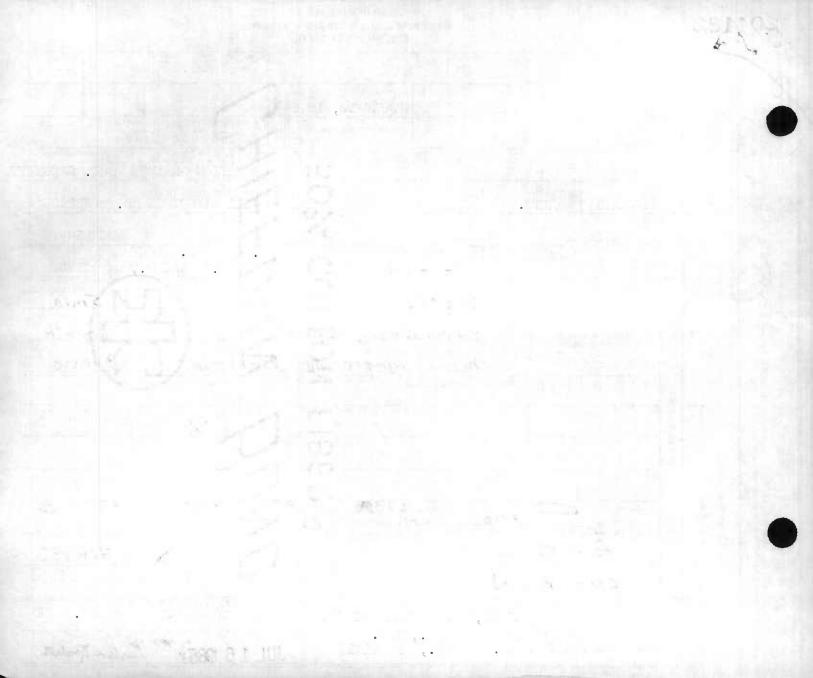
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PETACH TIKVAH

PETACH TIKVAH

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6040 REISTERSTOWN RD. BALTO., MD 21215

STMD



Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

WE DOWN COM

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

1 - STATE		DEPA		CATE OF DEATH	IENE	- 1	0 0	0 0
REGISTRAR 1. DECEASED NAME FIRST		MIDDLE		ASI	REG. N		DAY YEAR	2b HOUR ws
(TYPE OR PRINT)			LUMBERG					
3 SEX	4. RACE	п. В	S. DATE C		JULY 17,		IF UNDER I YEAR	3:10 A M
FEMALE	WHITE		JAN	DAY YEAR	60		MONTHS DAYS	HOURS MIN.
IL, BIRTHPLACE (STATE OR FOREIGN		WHAT COUNT		. 23,1923	9 BALTIMORE CITY C	YRS.	OFDEATH	
OHIO	USA	WITH COOK	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE	_		MD.
BALTIMORE	6000	IVYDENE	TERRAC	E APT. E-1	120 USUAL OCCUPAT	ION OF WORKING LIF	SURVEY	OF BUSINESS OR RESEARC
ISUAL RESIDENCE (IF NURSING HOL 13a STATE MARY LAND	ME OR OTHER INSTITUTION OUNTY	BALTIM		13d. INSIDE CITY LIMITS? YES NO []	136 STREET ADDRESS 6000 IVYDEN	ZIP CODE NE TER	R. BALT	ASSOCIATE [0(21209)
ABRAHAM	WIDDLE	SHOR		DORA	MIDDLE		KUPFER	ST
160. WAS DECEASED EVER IN U.S. (YES NO NO KNOWN) (IFYE	. ARMED FORCES? S. GIVE WAR OR DATES)	16b. SOCIAL S 289-24	-2157	JOSEPH B. BLU	JMBERG 6000	IVYDE	NE TERF	21209) R, Balto,
	DUE TO, O	r as a conse		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	'EN IN PART 1:	0.
190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI	
TIG. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CO CIFEITHER NOTIFY MEDICAL EXA TIG. INJURY OCCURRED WHILE ATWORK ATWORK ATWORK ATWORK ATWOR ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK	HOUR A. MINER) P. 21e. PLACE	M. MONTH M.	19	216 HOW INJURY OCCURE 211 LOCATION STREET		RY IN ITEM 18 F		STATE
22a.1 certify that (W) (this I sow the deceosed aliv above, (I) (wer (did) (d	e an JUI	81 16 1	9 <u>85</u> . or	nd that ((my)) our) opinion	death occurred on the d	ote and hou	r and from the	
77d PHYSICIAN'S NAME (Kas	ul,	al	ATTENDING _	MEDICAL STA			17/85
GON		l, ans		2435 W	Bt/ Vtdece	An	r Bal	Choded 21
230 BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BURTAL	7/18/	85	ARLING	TON CEM.	BALTIMO	RE.	MD. (

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 sm

24 FUNERAL DIRECTOR SOL LEVINSON & ABROS. 6010 REISTERSTOWN RD. BALTIMORE. MD. BALTIMORE MD (
150 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
150 DATE REC'D BY R

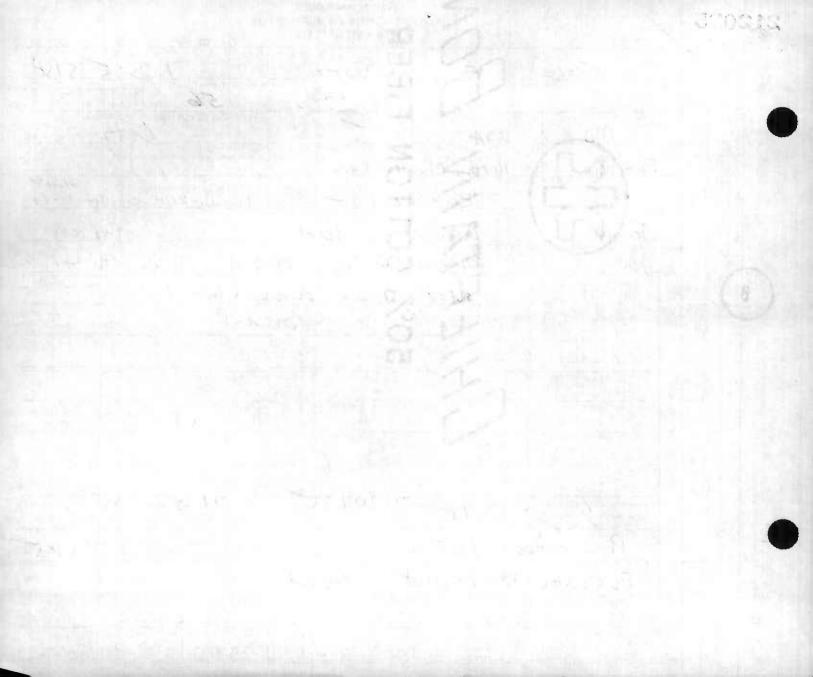
1101 E. North Ave.

(VRA 15, 4)

Wm C March F/H

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



21133

8728 Liberty Rd. Randallstown, MD

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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,	KEG. NO.	- 1	1	O

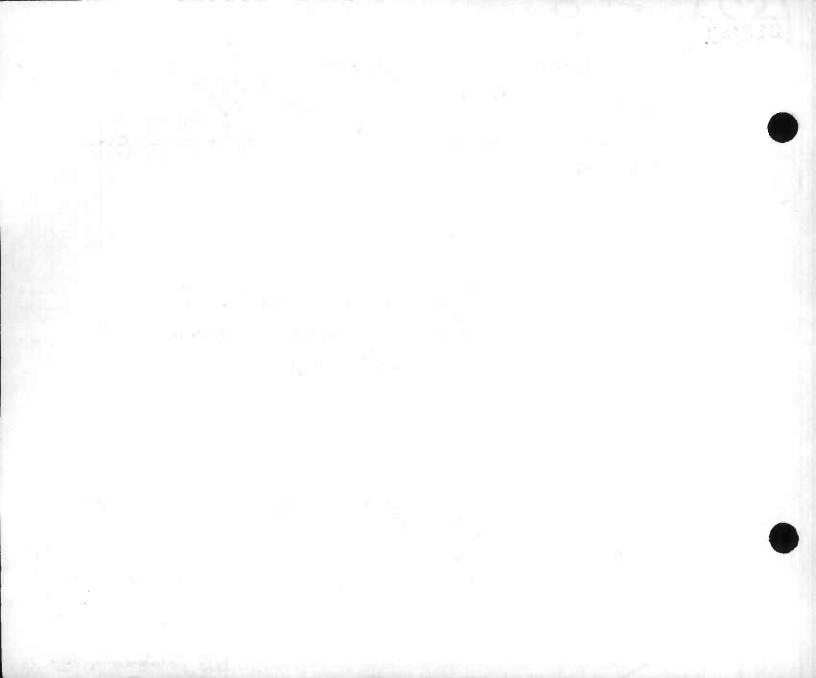
ı	REGISTRAR		CERTIF	ICATE OF DEATH	8 REG. NO	. 9 6	185	
	DECEASED NAME LOU		BO	ONE	20 DATE OF DEATH	7-26-85	-26. HOUR -2.57	
3	.SEX Male	4. RACE Sla	S. DATE C	DF BIRTH - 17-28	6 AGE (IN YEARS LAST BIRT	HDAY) # UNDER I YEA MONTHS. DAY YRS.		
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) O CITY OR JOWN OF DEATH BULLIMONE	11. NAME OF HO	MARRIE MARRIE MIDOWE DESPITAL, NURSING HOME ACTUAL OF STREET ADDRESS AMAGEN MARRIE WIDOWE MARRIE MARRIE MARRIE WIDOWE MARRIE MARRIE MARRIE WIDOWE MARRIE MARR	D DIVORCED	9. BALTIMORE CITY O	OVE CITY	OF BUSINESS OR	
L	JSUAL RESIDENCE (IF NURSING HOME O 30 STATE 136 COUL		rve residence before admission) 30. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / 1639 Ingra	ZIP CODE M Rd. 212	231	
ľ	Alfred	MIDDLE B	oone	15. MOTHER'S MAIDEN NA		West	LAST	
1			66. SOCIAL SECURITY NO. 230-22-0559					
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito							
	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY			N WAS PERFORMED	206 AUTOPSŸ? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		SES OF DEATH?	
	216, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (If EITHER NOTIFY MEDICAL EXAMINER) P.M. MONTH DAY YEAR 19						STATE _, that (I) (we) lost	
2	30. BURIAL, CREMATION, REMOVAL	236. DATE 8/3/85		EMETERY OR CREMATORY Cemetery	23d LOCATION Portsmi	th county	VA STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYIA

24 FUNERAL DIRECTOR Wm. "C. March F/H

1101 E. North Ave.



211058

STATE OF MARYLAND

			JIMIL OF MARTEMIN						
1.	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HYG	IENE O C	1 0 0 0				
N DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	Q QG. NO.	1 9 U 5 5				
(TYP	FRANCES T.	BOSSE	[43]	100	p p				
_				JULY 23,					
3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
+	EMAKE	WHITE	SEPT. 8 1904		rrs				
Zo. B	IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH					
n	MARYLAND	U.S.A.	WIDOWED DIVORCED	DALTIMOR	E CITY MD.				
10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING MONOT OF SUCH FACILITY, GIVE STREETA 		120. USUAL OCCUPATION	126. KIND OF BUSINESS OR				
1	PALTIMORE	CHURCH H	OSPITAL	HOMEMA	KER				
	STATE 136 COUNT		ADMISSION) V 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 2/2/4				
m	ARYLAND -	DALTIM	ORE YES X NO [2906 D	12LON ST				
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	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRESS					
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	Conditions, if any, which	((b) CARI	DIAC ARRYTHMIA						
78	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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CATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED				
TIFIC	The second second	100 100 100		YES NOTE NO YES NO					
CERTIFICATION	210 ACCIDENT WAS UNDERLYING	EM 18 PART I OR PART 2)							
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	C104 00 10	COLINITY				
X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE FA	RM, ETC) STREET	CITY OR TOWN	COUNTY STATE				
	220 1 certify that (1) (this hospita	1) attended the deceased from	JULY 16 19 85	to JIII.Y 23	. 19				
	saw the deceased alive an_	JULY 23 19	85, and that in (my) (aur) opinion o	death occurred on the date an	d hour and from the causes stated				

YSICIAN'S NAME (TYPE OR PRINT)

LUZVIMINDA K. PEREDO

22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN HOSPITAL

The DATE CORPORATION

M.D. 100 NORTH 21231 CREMATION, REMOVAL 23b. DATE

DEGREE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

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IMPORTANT: If Hem 21 is marked ar Hem 18 shows

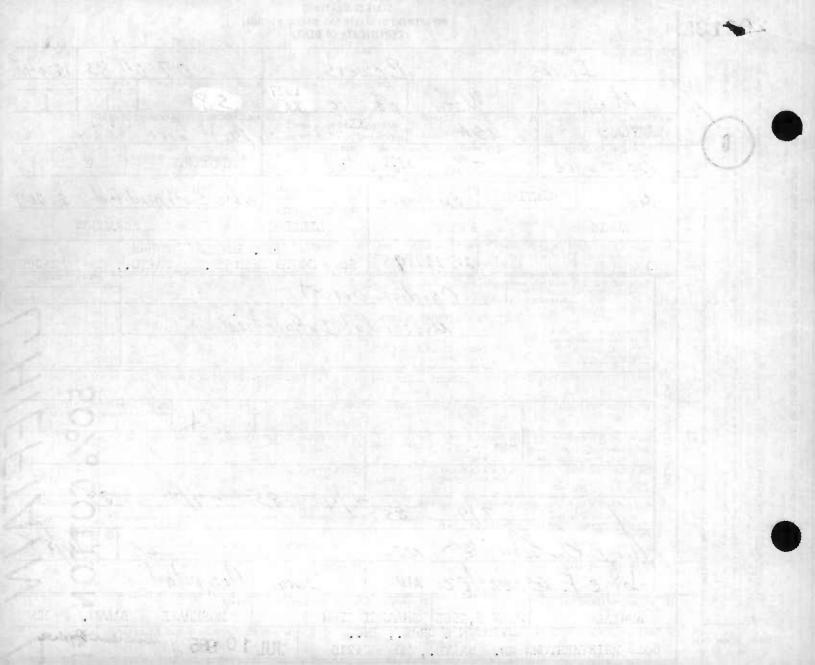
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202125	- STATE	DEC ACTIV	CERTIFICATE OF DEATH	Con the same	Ph 1	44 2
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oy b	L rvin	14. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF S	1:09M
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STATE OF MARYLAND

Items #5 & 6 8/2/85 mtb F#606



STATE OF MARYLAND

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TO FUNERAL DIRECTOR After this certificate has should be detached for use as the buriol-transit per with the State Dept. of Health and Mental Hygiene.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

1.	- STATE REGISTRAR			DEF A	CERTIF	ICATE OF	DEATH	ENE Q	una Sa		0	1 0 0
1. DE	CEASED NAME	FIRST	,	AIDDLE	i.	AST		2a DATE O	F DEATH	MONTH	DAY YEAR	2b. HOUR
(TYP)	E OR PRINT)	EDT	Ε.		BOWLE.	c	ASP AN	Tul	y 31,	1985	10 d 5	1:000
3. SE			RACE		5. DATE C				YEARS LAST BIRT		IF UNDER 1 YEAR	773
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10 C	VA ITY OR TOWN OF DEAT	н 1	L. NAME OF E	OA HOSPITAL, NUR	SING HOME C		STITUTION		OCCUPATION	-		MD. OF BUSINESS OR
1	BALTIMORE	33	(IF NOT IN SUC	DICAL CI	REET ADDRESS)				RK FOR MOST OF			
Usu	AL RESIDENCE (IF NURSIN		THER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)							
	STATE MD	36 COUNT	Y	Baltin		13d INSIDE	CITY LIMITS?		ADDRESS /			216
	ATHER'S NAME			Darcin	IOLC	74.5	S MAIDEN NAM		CIII	LOII A	ve. ZI	216
	Isaac	M	S. Bo	wles		м	FIRST		WIDDLE		LA	ST
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3	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED	BY.	M. S.		0		1 11	da	- 4.	BETWEEN	ONSET AND DEATH
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	underlying cause	the lost.	DUE TO, OF	R AS A CONSEC	DUENCE OF							
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CERTIFICATION	19a. DATE OF OPERATION	N	19b. CONDI	TION FOR WHI	CH OPERATIO	V WAS PERF	ORMED	20a AUT	OPSY2	20b. IF YE	S, WERE FINDI	NGS USED
FF								YES TH	NOU		IFYING CAUSES	S OF DEATH?
8	21a. ACCIDENT WAS UNDER	RLYING	216. TIME O			21c. HOW 1	NJURY OCCURRE				-	
	OR CONTRIBUTING CA		HOUR A.	M. MONTH	DAY YEAR							
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N.	WHILE AT WORK AT WORK		(AT HOME STR	EET, FACTORY, OFFIC	CE, FARM, ETC)	STRE	ET		CITY OR TOV	MN	COUNTY	STATE
	22a.1 certify that (bx(t	his hospito	l) attended the	e_deceosed from	July	17	19 85	, ta	July 3	1,	19 85	that (X (we) last
13	saw the deceased above, (IX(we) (dic	olive an	July 3	ofter death		d that in 🕉	() (our) opinian d	eath accurre	ed on the do	te and ho	ur and fram the	causes stated
	22b. SIGNATURE	(Capitae)	view the body	arrer dearn.		DEGREE			74-4-1		22c DATE	SIGNED
	130	Viai.	telo				ATTENDING PHYSICIAN	MEDICAL	STAF PHYSIC		8	1.165
1	22d PHYSICIAN'S NAM	AE (TYPE OR I	PRINT)		91.50	22e ADDRE		- MECTON		15,11 4	1	1/12
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23a. 8	BURIAL, CREMATION, RE	MOVAL	236 DATE	23	C NAME OF C	EMETERY OR	CREMATORY	23d LOC.	ATION		COUNTY	STATE
	Burial		8/5/85	E I S	Garris	on For	rest VA		wings	Mi	lls	MD

Wm. C. March 1101 E. North Ave.

250 DATE REC.D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG. 2 1985

MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 218065 REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Nicholas ALLEN BOWLING - 30 19 85 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. TIE UNDER 24 HRS 21. DATE 3:26A MONTH LAST BIRTHDAY) PRONOUNCED Male Dec. 27,1979 DEAD White 7 - 30 19 85 A BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States WIDOWED Baltimore City, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS OR INDUSTRY Johns Hopkins Hospital None Baltimore ME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONA Um STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Pasadena Anne Arundel 124 South Carolina Ave./21122 NO I 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Charles Bowling Kimberly Baghy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT 124 South Carolina Ave. YES, NO. OR UNKNOWN) 212-02-9488 Audrey Baghy/ Pasadena, Md. 21122 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Ner: This certificate should be executed within 24 hou cate, writing the word "Pending" in Pencil in Item 11 forwarded to the Chile Medical Examiner Along Corp. Page 3 should be used as a bural. Transit permit the State department of Health and Mental Hygienal The State Department of Health and Mental Hygienal. PART I DEATH WAS CAUSED BY Cranio-cervical trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES 🔯 NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY
HOUR AM MONTH DAY YEAR TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH & 14 P.M. 2919 85 pedestrian struck by auto TIE PLACE OF INJURY (ATHOME. 214 INJURY OCCURRED 21f. LOCATION STREET FACTORY, FARM, ETC.) WHILE NOT WHILE X Carolina Ave&Patuzent Rd, Pasadena, A.A., MD. street Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BAIT MORE Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7/30/85 EXAMINER'S NAME ADDRES 11 Penn St. TYPE OR PRINT Dennis F. Smyth, M.D. Balto.MD. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 1,1985 Cedar Hill Cemetery - Anne Arundel
Mountain & Tick Neck Rds 150 DATE REC'D. BY REGISTRAR'S SIGNATURE
ALIC C. 1995 Aug. 1.1985 07/84 BP Co . Md 25M 24 FUNERAL DIRECTOR **DHMH - 17** AUG 2 McCully Funeral Home /Pasadena, Md. 21122 1 . 44 from fandall (VR A15 ME (5))

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series and allocated to the same windows. There were

rector, page 3 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execute retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal in Pages. It is marked or them 18 shows only injury, or other troumatic event, the medic

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT	TOF	HE	ALT	H	AND	MEN

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DING P or after After the e as the alth and marked		22a certify that (I) (this hospita	I) attended the decorred from		, to	, 19, that (I) (we) lost
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OR AT OR AT DIREC oched f Dept		22b. SIGNATURE	view the body after death.	DEGREE		22c DATE SIGNED
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7. 6. ± 2. 3. ₹	23o. E	BURIAL, CREMATION, REMOVAL	ZIA DATE 23c.1	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 4/83	74 FU	UNERAL DIRECTOR	ADDRESS	mar all	JUL 19 1000	25K REGISTRAR'S SIGNATURE

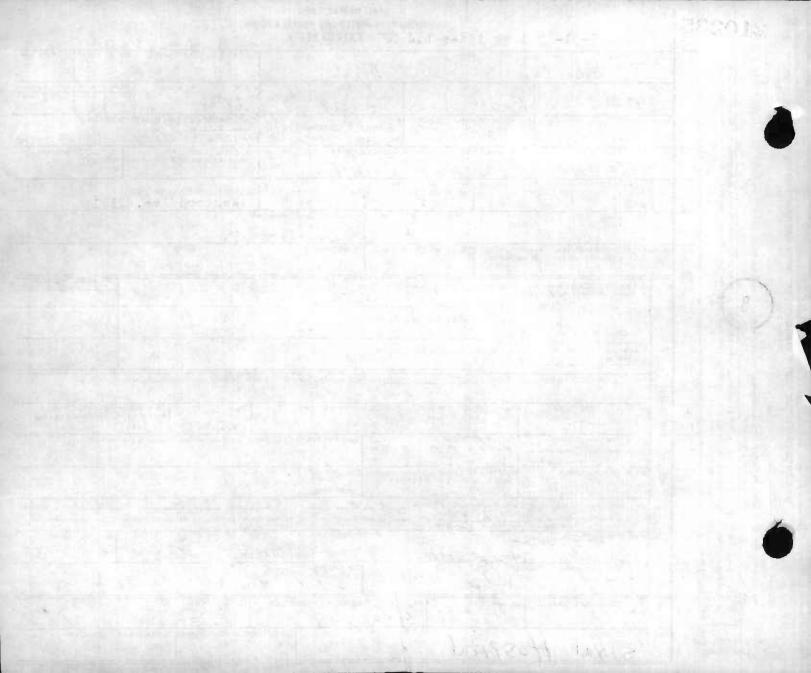
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STATE OF MARYLAND 203342 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TYPE OR PRIN & AGE LIN YEARS AST BIRTHDAY 3 SEX IF UNDER 1 YEAR MONTH HOURS I STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACIDITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MONZ HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13 STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) Mus, Caro APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 90 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE STREET (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the decedsed alive on_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATUVI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LINE OF PR 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23h. DATE 23c NAME OF CEMETERY OR CREMATORY BP. 250 DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

18 N# 50 h

	1			STATE OF MARTLAND		
210235		FOR	DEPART	MENT OF HEALTH AND MENT	TAL HYGIENE	
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	1	REGISTRAR (-)1-0)		CERTIFICATE OF DESIGN		9 1 9 2
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3 = 2 /4-2	USU,	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE BESTORNCE BEFOR	E ADMISSION) /N 113d. INSIDE CITY L	IMITS? 13e.STREET ADDRESS / ZIP COD	se .
7 22 2	130.3	TATE Could Bo Coul				21215
	11	A11-011	Balto	15. MOTHER'S MA		
1 27 1	14. FA	THER'S NAME	MIDDLE LAST	IS. MOTHER S MA		LAST
4 2 WW	7	7 10 31		Philo	69-	Boyd
1	14.	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SEC		ADDRESS	
75 51	100	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES}			
00 1	1					
21.2	1	LA CAUSE OF DEATH S.	nly ane cause per line far (a), (b), a	ad to 13		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 4 5 5	1	PART I. DEATH WAS CAUSI	FD 8Y:	37	and T	
40 411		PARTI DEATH WAS CAUSE	TE CAUSE 10) Carolio.	resposiony se	pacs .	
Doll.		IMMEDIA	TE CAUSE 10/			
£ 700 B			DUE TO, OR AS A CONSEOL	ENCE OF		
2 2 5 5		Canditions, if any, which	(16) FEXTURA-	e frenaturity		
0 001		gove rise to immediate		STATE OF		
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCEOF		
4 6 6 6	1 3		(c)			
# # B B B	100	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
2 22 2	1 %					
1 1 1 1	CATION	19g DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORME	D 20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
0 0 0	10	DATE OF OFERATION			IN CERT	IFYING CAUSES OF DEATH?
2 5 2 L L 3 /	1 1				YES NO Y	ES NO
- 1 1 E E E E E E	1 18	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 21
大学 当日王 田()	10	OR CONTRIBUTING CAUSE OF DE				
0 1111/	15	LIFESTHER NOTIFY MEDICAL EXAMINE		19		
2 × 6 × 6	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
1 5112	2	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	PARM, EIC)		
S TOTA		AT WORK		11.0	07 112	37
0 0 4 6 0 8		22a.1 certify that (I) (this has	oital) attended the deceased from	Co par	9_8/	, 19, 4, that (I) (we) lo
五百 医正正百		saw the deceased alive a	n 6 / /4 19	22 , and that in (my) (our	r) opinian death occurred on the date and ha	iui and from the causes stated
20 020 6			ot) view the bady after death.	DEGREE		22c DATE SIGNED
· 大 · · · · · · · · · · · · · · · · · ·		22h SIBRIATURE	~ /		NDING MEDICAL STAFF	IN DATE STOILED
0 = 0 50 =		XAMONT	Theren MD	PHY	NDING MEDICAL STAFF	10/19/83
A P A P P P P P P P P P P P P P P P P P	#	THE PHYSICIAN'S NAME (TYPE	OR PRINTY	22e ADDRESS		
Ser		1. 1.4.5		6.110	1 Hospital, Bal	To Mel
FI #18 2		10 KK	Taylor	JINK	1 401/11/20 20 20 20	
5 5 5 7 3 3 4	71-	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREA	MATORY 23d LOCATION	
	1	SPECIAL CREMATION, REMOVA	130.07.1		CITY OR TOWN	COUNTY STATE
BP			6/20(8)	SINAL HOSP	16670. No	
	24.1	FUNERAL DIRECTOR	1 5		250. DATE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
HMH - 16 50M 4/83		SINAI +	tospital address			
(VRA 15, 4)		7/1/201	07/100		1111 06 4000 12	

3 U E



TECOPO

NE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIE
CERTIFICATE OF DEATH	

FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	1 20 20 24 29
REGISTRAR			8 REG. NO.	9 0 9 3
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
Henry		Boyd	July 1	0,1985 M
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
MAle	Black	5 21 21	64	YRS DATS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
North Carolina	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	ETY, MD.
Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKINS		178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
MOSUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN Maryland		/N 136 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP 2527 E. Bidd	CODE le Street 21213
14. FATHER'S NAME	Dateimo	15 MOTHER'S MAIDEN N		te Street 21219
Anderson	Boyd	Nannie	MIDDLE	lanks
160 WAS DECEASED EVER IN U.S. AR			ADDRESS	Iditio
(YES, NO OR UNKNOWN) (IF YES, GIV	241-30+	8598 Ruth Boyd	2527 E. Biddle	Street
	DUE TO, OR AS A CONSEQUI		Solumi Condition	My Joly" N GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	PRRED (ENTER NATURE OF INJURY IN IT	EM IS PART I OR PART ?)
216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive an	tal) attended the deceased fram	and that in (my) (aur) apinia	n death occurred on the date ar	nd have and from the causes stated
22b. SIGNATURE	h.		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
7. A. G	Cordi	22 3 6 R	NO BACTORIA	
230. BURIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY Arrison Forest Vet	CITY OF LOWN	ills; Md.

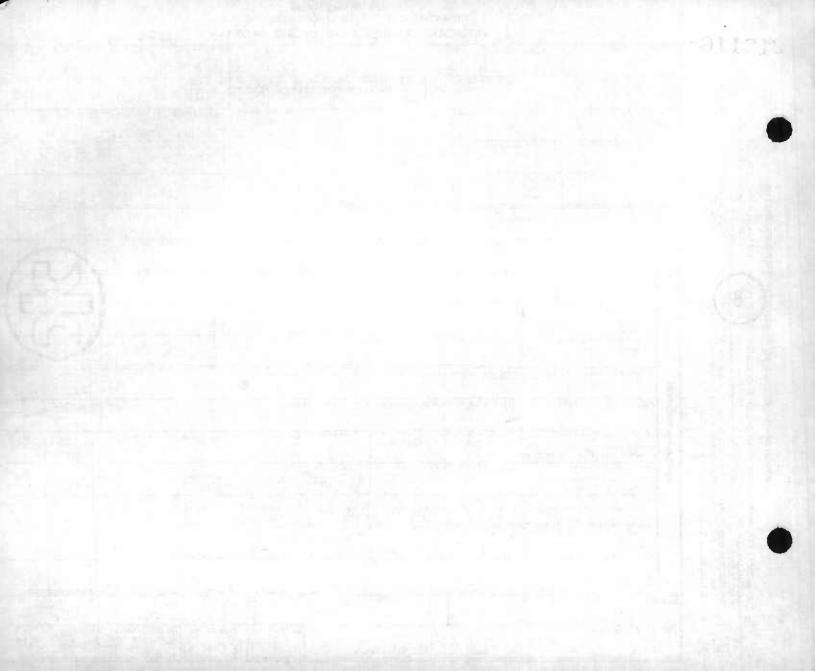
DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR
William C. 1101 E. North Ave. C. March F/H



101733 LESS TO BE THE SELECTION OF THE SELECTION OF THE PARTY OF

Film G605 item 6 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 7/29/85 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 212116 DECEASED NAME M DATE KNOWNXX LIYPE OR PRINTI ESTI-E FUNERAL DIRECTOR E 5 FOR YOUR FLES D, WITHIN THOURS W, PRESTON STRIET DEATH MATED EUGENE Samuel Bragg 19 85 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 9:20 1085 DEAD Black 8 30 Male D. M BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City, Maryland WIDOWED [DIVORCED PAGE 5 ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126, KIND OF BUSINESS. FOR MOST OF WORKING LIFE) OR INDUSTRY RETAIN PA 600 blk. N. Paca Street Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY S. A. 2827 Windsor Avenue 21216 Maryland Baltimore YES X NO 1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST Boswell Boose Neder Abraham 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO. OR UNKNOWN) 215-60-6779 Neder Gadson 2827 Windsor Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Strangulation IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a ECUTE THE CERTIFICATE, WRITING THE WORD "PENDINGE A SHOULD BE FORWARDED TO THE CHIEF MEDIC TO SHOULD BE USED AS A TITE DEATH. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO POUR AND MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 9-10P.M. 7-23 19 85 subject was strangled 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK park 600 blk. N. Paca St., BAltimore, Maryland Autopsy XX 220. I certify that Ltaak charge of the remains described above, held on Inspection Inquiry and in my opinion Hamicide XX Undetermined manner Natural couses TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-24-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., BAlto., Md. 21201 PA TO 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL STATE 7/29/85 King Memorial Park Randallstown, Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** This Davidson Randall 1101 E. North Ave. William C. March F/H (VR A15 ME (5))



210	213
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FOR STATE REGISTRAR

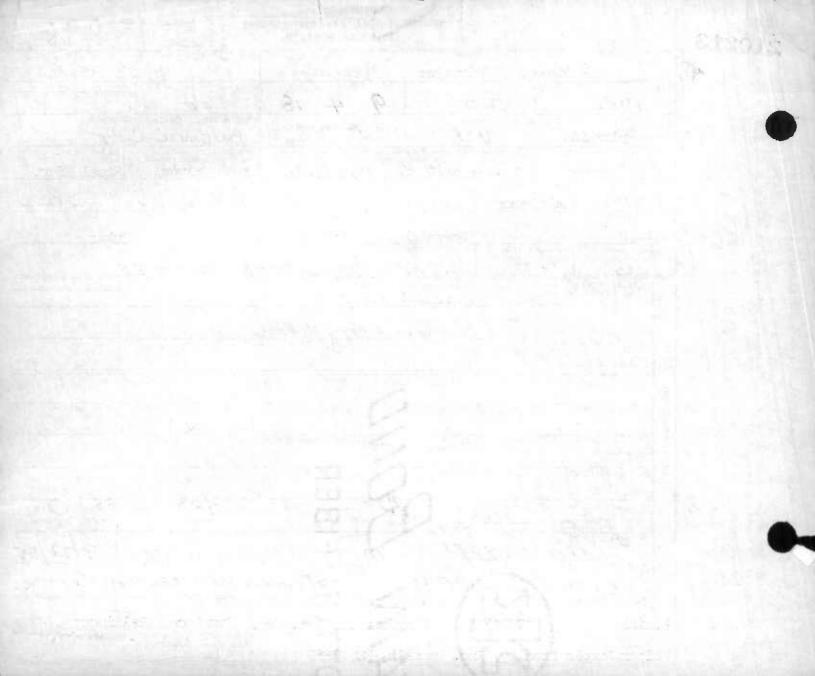
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

	85	1	9	0	96
4	REG. NO.		19	-	179

1	REGISTRAR				REG. NO	
	CEASED NAME FIRST	MIDDLE		LAST .	20 DATO OF DEATH	MONTH DAY YEAR 1 26 HOUR
1	Steph	en Sylvest	er t	Sregneral		7 23 85 9:101
3. SE	x	4. RACE		OF BIRTH)	6. AGE (IN YEARS LAST BIRT	
	Male	White	9	4 18	66	YRS. MONTHS DATS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
Pe	ennsylvania	USA	WIDOW	ED DIVORCED [] Baltimo	re City,
100	Bult more	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
esti	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMINIONI	MA Center	TITUCK DITVE	er Steel Mfgr.
13a.	STATE 130 COUN	TTY I31. CITY C		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
4_		imore Bal	timere.	YES NO	10 Cottage	Ave 21222
114. F.	ATHER'S NAME FIRST	MIDDLE L	AST	15. MOTHER'S MAIDEN	NAME /	LAST
Jo	oseph		niak	Antonia		Fukas
	WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17. INFORMANT	ADDRE	
Y	YES, NO OR UNKNOWN) (IF YES, GIV	TT 086 C	9.4152	Botty I Br	ezniak (same	20 1201
\vdash				IDECCA D. DI	ezillak isalle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSE	D RV.		- t		BETWEEN ONSET AND DEAT
	IMMEDIA	TE CAUSE (0) Cave	lieu ar	ren		
10	THE RESERVE THE PARTY OF	DUE TO, OR AS A COM	NSEQUENCE OF	, 0.		
	Canditians, if ony, which	(16) Coro	nang A	repy bisea	se	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A COM	ISEQUE DE DE	0		
	underlying couse lost	DOE TO, OR AS A COI	43EOOEIACE OF	THE PART OF THE PARTY.		
100	PART 2 OTHER SIGNIFICANT O	(c)	NC TO DEATH BUT	T NOT BELATED TO THE TE	DANINIAL DISEASE OR CONI	DITION CIVEN IN PART 3
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NO 10 DEATH BO	INOT KEEMTED TO THE TE	RMINAL DISEASE OR CON	SHOW GIVEN IN PART Ha
IFICATION	LA CAST OF COUNTY OF	196 CONDITION FOR	WILLIAM OREDATIO	NAME OF OF COLUMN	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
15	190 DATE OF OPERATION	198 CONDITION FOR	WHICH OFERATIO	DIN WAS PERFORMED	200 AUTOFST:	IN CERTIFYING CAUSES OF DEATH?
] =					YES NO	YES NO
CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	TH DAY VEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART 1 OR PART 7)
13	OR CONTRIBUTING CAUSE OF DEA	ATH	19			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		
×	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE, FARM ETC)	STREET	CITY OR TO	WN COUNTY STATE
	AT WORK AT WORK		#121	92 52	2/02	85
	22a. I certify that (II) (this hospi	7-12 4	62 K	190	10 7/00 3	19_83_, thor(I)(we) I
	saw the deceased alive on obove (IV) we) (did) did no	it) view the body ofter death	19	and that in (my) (our) apini	on deoth accurred on the do	te and hour and from the causes stated
	214 SYCATURE	11/1		DEGREE		224. DATE SIGNED
	1 slave	C- XIII	- n	2/ ATTENDING	MEDICAL STAF	IAN X 7/23/8
1	17 MYSICIAN'S NAME THE	XMMX ///		The ADDRESS		
	FININE	10 WEL	TY	Fem	ILS CISTT 1	EY MED. CENTER
	ELMINE	C. MCF		1 1	us sceri c	EY MED. CENTER
1	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 7/26/85	23c. NAME OF C	CEMETERY OR CREMATOR		STATE STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
Walter Brooks Bradley, Inc. Dundalk, MD 21222



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 191021 REGISTRAN DECEASED NAME THIPE CHE PRINTS ARIES 23/85 AST BIRTHDAY) IF LINDER 24 HR 1:5EX 5. DATE OF BIRTH IF UNDER I YEAR MONTH YEAR 34 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? THE BIRTHPLACE IN ATE OR FOREIGN MARRIED MEVER MARRIED WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITE USUAL O UFATION 12b. KIND OF BUSINESS OR INDUSTRY ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 3a STATE 11 COUNTY 13d INSIDE CITY LIMITS? endbury CT 2/885 15. MOTHER'S MAIDEN NAME FATHER'S NAME IM WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 011 26 5599 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for a), (b), and (/ IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A COMSTOURNESS OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS COMPUSED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES | NO [NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ITHER NOTAY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 226.1 certify that (1) (thruhospital) attacked the deceased from , that (1) (we) last , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated (i) (did not) view the body after death DEGREE 22c. DATE SIGNED 6-25-85 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IN MAME STIFE CHERRICAL 77e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE Va. Arlington 6-28-85 Arlington Nat'l Cem. Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 E.F. Tassahn, 11750BelairRd. Kingsville, Md. 21087 (VRA 15, 4)

FOCILES STATES Frank Bar The state of the s March Emilian Strategy of the and the country of th E.F. Tauchte, 1275 Partend. Christille, if . Al 198.

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, MPORTANT: If them 21 is marked or Item 18 shows any TO FUNERAL DIRECTOR: DHMH - 16 50M 4/83 (VRA 15, 4)

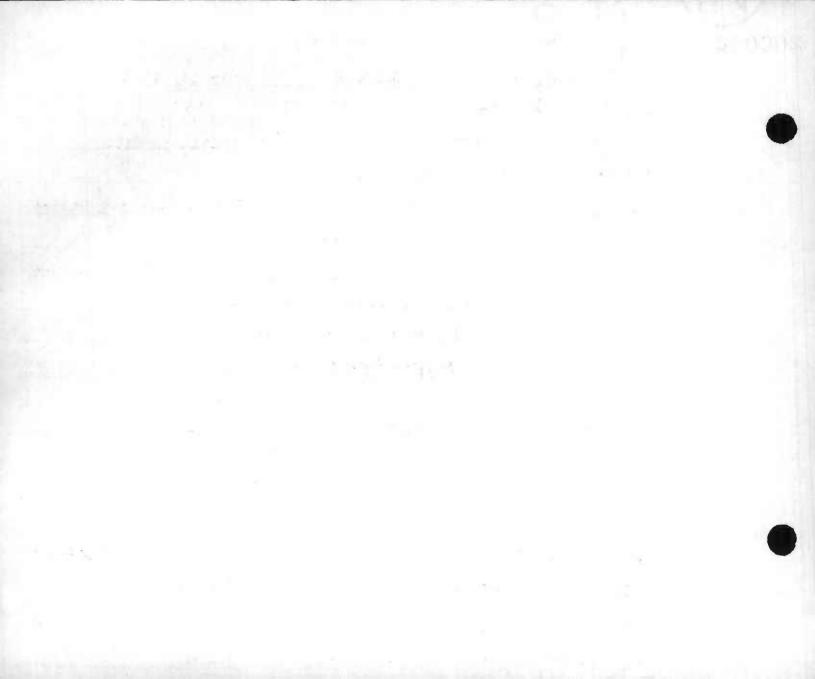
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

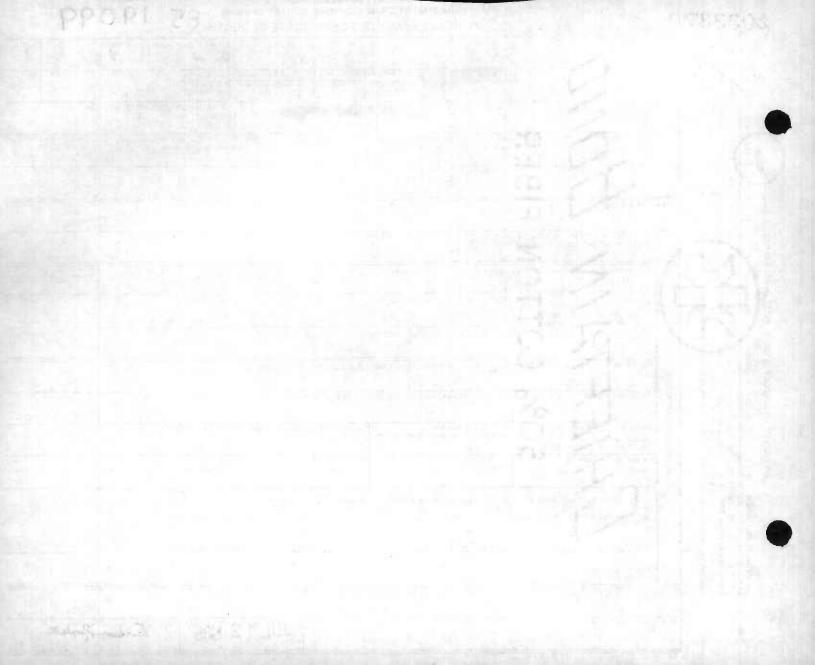
S NO. N	10.		9	0	
OF DEATH	HINOM	DAY	YE	AR	2b. I

- STATE REGISTRAR			DEI ARTH	CERTIF	ICATE OF	DEATH	8	NO.	19	0 9	8
1. DECEASED NAME	FIRST		WIDDLE	l	AST		2a DATE O	F DEATH MONTH	DAY YEAR	26. HOL	JR ·
(TYPE OR PRINT)	Cath	erine		Bri	dges				1985		M
3. SEX		4. RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DA		R 24 HRS
Femal	е	Bla	ck	MONTH	17	1929		56	rrs.	3 HOURS	MIN.
7a. BIRTHPLACE (ST	C.	76 CITIZEN OF	WHAT COUNTRY?		D NEVER				UNTY OF DEATH		
IO CITY OR TOWN	DEDEATH	11. NAME OF	USA HOSPITAL, NURSIN	WIDOWE IG HOME C		NORCED		1timore		OF BUSIN	MD.
Baltimo		(IF NOT IN SUC	. Mulbe	ADDRESS)			(TYPE OF WOR	RK FOR MOST OF WORK	(ING LIFE) INDUST	₹Y	
USUAL RESIDENCE	(IF NURSING HOME		GIVE RESIDENCE BEFORE		13d. INSIDE	COTIANI L VII	112 STREET	ADDRESS / ZIP	CODE 2.	1201	
D MD	130. CO	3(4)1	Baltim		YES X	NO []	70:	l W. Mu	lberry	Stre	et
14. FATHER'S NAME			_ Bul cim	010		S MAIDEN NA		-11			
Charles		MIDDLE	Bridg	ges	Mazi	FIRST		WIDDLE		ROSS	
160 WAS DECEASED			166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT		ADDRESS	C.E.		
UNKNOWN	WN) (IF YES, (GIVE WAR OR DATES)	238-36-	-6435	Mars	ha Bri	daes	701 Mu	lberry	Stre	
gove rise (couse (o), underlying	if ony, which to immediate stating the couse lost.	(b) DUE TO, O	ONTRIBUTING TO E	ENCE OF ENCE OF LEATH BUT	S M	D TO THE TERM	RINAL DISEAS	se or conditio			
190. DATE OF C	A PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES [IF YES, WERE FIN CERTIFYING CAUS YES		TH?
OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF E SEY MEDICAL EXAMIT	DEATH HOUR A.	M. MONTH DA	AY YEAR		1/14	RED (ENTERN	ATURE OF INJURY IN IT	EM 1B PART 1 OR PART	n	
21d INJURY C	NOT WHITE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET ANTORY SEFICE, F	ARM, ETC)	21f LOCATI	ON T		CITY OR TOWN	COUNTY		STATE
sow the obove, (ii	deceased alive (we) (did) (did	on not) view the body	after death	m	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR		22c. DA	the couses state (1) (1) the couses state SIGNED	toted
23a. BURIAL, CREMA	TION, REMOVA	AL 23b. DATE			CEMETERY OR	CREMATORY	23d. LOC	ATION Y OR TOWN	COUNTY		MA.

Burial
24 FUNERAL DIRECTOR
NAME E. North Ave Wm. C. March F/H



DEPARTMENT OF HEALTH AND MENTAL HYGIENE



requires that the death

ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

FOR D 198113

STATE OF MARYLAND GIENE

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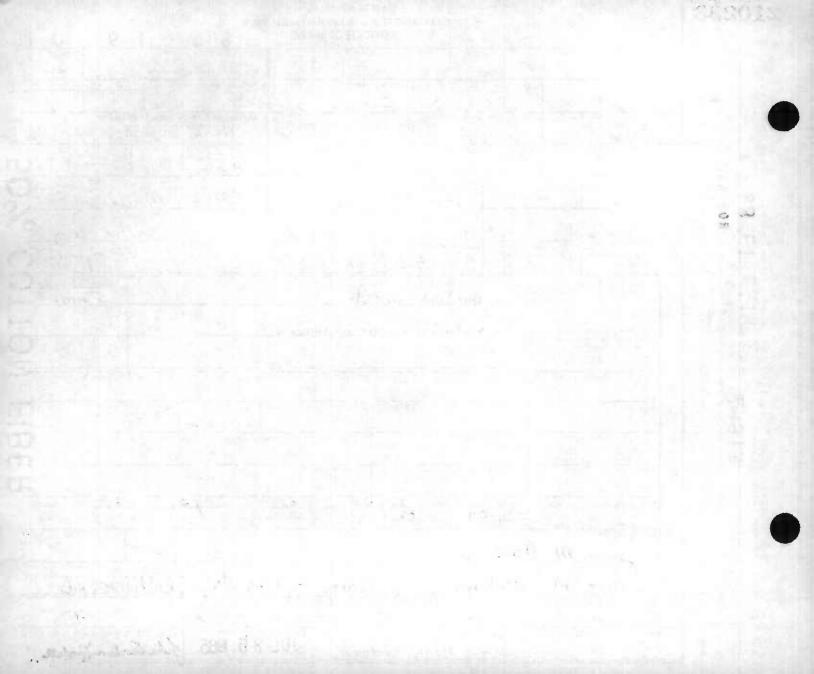
REGISTRAR		CERTIFICATE OF DEATH	8 REDNO.	19	0 0
1. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
FRANC	ES A.	BROCATO	JULY 13,	1985	10 A M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	WHITE	April 20, 1911	74 v	RS. MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU		9 BALTIMORE CITY OR COL		
COUNTRY) Italy	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	ITY	MD.
ID CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Self Employed	12b. KIND C	OF BUSINESS OR
BALTIMORE	SAINT AGNES		Self Employed	d - and P	roduce
USUAL RESIDENCE	OF OTHER HISTORICH, GIVE RESIDENCE	FORE ADMISSION)			
	A contract of	onsville YES NO [X]	13e.STREET ADDRESS / ZIP (D ROAD 2	1228
4 FATHER'S NAME		15. MOTHER'S MAIDEN NA			
Joseph	MIDDLE LA	rdano Cosima	WIDDLE	Par	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT		nbull Road	1
(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	18-9514 Mrs. Connie	Hogg Randalls		
	only one couse per line for (a), SED BY:		HOGE Kandaris		IMATE INTERVAL ONSET AND DEATH
gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON	oscleratic cardiovas (ASEQUENCE OF ALLS Ulcers, probable AG TO DEATH BUT NOT RELATED TO THE TER	sepsis	N GIVEN IN PART 1	
	reconditions <u>continuorii</u>	to to bear.	MINAL DISEASE ON CONDINO	V OIVEIVIIVI AKT II	
NO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	which operation was performed		IF YES, WERE FINDI	
OR COLUMNIC CHIEF OF	DEATH HOUR A.M. MONT	H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE		
VIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 214 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased alive	spital) ottended the deceosed on	19.85 and that in (my) (our) apinion	to 7/13 I death occurred on the date and		that (I) (we) lost couses stated
22b. SIGNATURE	Vac M.D	DEGREE M.D ATTENDING PHYSICIAN	MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN \$	220 DATE	SIGNED 13
Staff phys	EORPRINT) B. Afa SICIAN B. Wal		Hospital 900	Baltimore,	Md. Avenu
23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
Burial	7/17/85	New Cathedral Ceme			Md.
Leroyme M. & Russ 1630 Edmondson	ell C. Witzke	Euneral Homes P.A 250. DA	TE REC'D. BY REGISTRAR 25 -RE	GISTBAR:SISIGNAT	THE PERSON NAMED IN

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FLINE ALD DIRECTOR. After this certificate has been signed by the otherdires should be attached for use as the buriol-transit permit. Then please remove content with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or IMPORTANT. If them 21 is marked of them 18 shows any injury, or other troumatis.

10233	١.	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE		
		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG NO.	9	0
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
10		ROB	ERT BE	ROGDEN	JULY 24, 1985		1:00 _M A
4	3. SE	MALE	NEGRO	5. DATE OF BIRTH MONTH DAY YEAR 19 - 19 - 30	6. AGE (IN YEARS LAST BIRTHDAY) SS YRS	MONTHS DATS	HOURS MIN.
# 34		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNT		MD.
1,34		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, THE JOHNS HOPKIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
		AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW		13e STREET ADDRESS / ZIP COL	Adiso	2.12.03
200	14 F	ATHER'S NAME FIRST	BROAD!	15. MOTHER'S MAIDEN NAME OF THE PRINTERS OF TH	ME	BRO	uh
153/		YES, NO OR UNKNOWN) (IF YES G	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) DREA 216-20	-3105 MARY J	ones 26H/E	= Thad	1205 S
tending physical combon population of the combon population of the combon of the combo		PART 1. DEATH WAS CAUS	nly one couse per line far (a), (b), and ED 8Y: ITE CAUSE (a) <u>CGT CIGC</u> DUE TO, OR AS A CONSEQUE	OLYEST.			MATE INTERVAL ONSET AND DEATH
igned by The of en please remay burial, cremati ury, or other tro	7	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		ninal disease or condition G	IVEN IN PART 1:	a
the been some one one one one or injury	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
bhysicing trends to 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
er this contraction of the burner of the bur	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY	STATE
prital or TOR. Affor use a for use a of Health		saw the deceased alive a	n 1 view the body after death.	July 23 19.65 F-5 and that in (my) (our) opinion	death accurred on the date and ha		that (It (we) last causes stated
At DIRECTORE detached detached TE Bept TI: If them		226 SIGNATURE	Corkum	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
TO FUNERAl should be de with the Stot		James M	Cotkum	Johns Hopk		TO. MD 2	21202 ML)
BP		BURIAL, CREMATION, REMOVA (SPECIFY) (SURI PT	1 236. DATE 236.N	NAME OF CEMETERY OR CREMATORY MICHAEL MCM PR	23d LOCATION CITY OR TOWN	COUNTY	MID STATE
MH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR BATT	S-HIRCHAN GODRESS 11291	1. CARDINE STUL	e rec'd by registrar 256 regis 25 1985 gulia	Davidson	Pandem.

DHMH - 16 60M 7/84 (VRA 15, 4)



executed within 24 hours ofter

STATE OF MARYLAND

EP	ARTMENT	OF HEA	LTH ANI	MENTAL	HYGIENE

- 1	Ľ	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 .NO.	1910
-	JTYPE	CEASED NAME PIRST OR PRINT) OF OT		Brown	20. DATE OF DEATH MONTH	23 85 816
	1 SE	F	RACE B	S. DATE OF BIRTH MONTH DAY YEAR 15		MONTHS DAYS HOURS
3	F	GOUNTRY) Ho. Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU	
8	14	Ba 140	UNIVERSITY OF	f-Md.	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORK	NG LIFE) 126. KIND OF BUSIN
5	13a. S	AL RESIDENCE (IF NURSING HOME OR O		YES NO	3653 Dol	CODE field 212
0	14 FA	THER'S NAME FIRST M	Drang.	15. MOTHER'S MAIDEN N.	MIDDLE	Handy
		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	0386 FRANCIST	arner 9721 M	en dogg Rd. 211
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (0), (b), (BY: CAUSE (0) respirato	ond (ci.)		APPROXIMATE INTE BETWEEN ONSET AND
N		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ (b) OR TELESTOVA DUE TO, OR AS A CONSEO	iscular accident		4 years
- 1						GIVEN IN PART 1(a)
	NO	PART 2. OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO THE TER	WINAL DISEASE OR CONDITION	
2	TIFICATION	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	O DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. I	FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA' YES \(\) NO \(\)
29	CAL CERTIFICATION		196 CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES \(\) NO \(\)
29	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	20a AUTOPSY? 20b. IN CI	F YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES \(\) NO \(\)
29		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. HOW INJURY OCCUI E, FARM, ETC.) 211. LOCATION STREET 19 3. JUNE 22 19 8.	206 AUTOPSY? 206 IN CI	F YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA' YES NO (MIB PART 1 OR PART 2)
29		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this hospity saw the deceased alive and obove, (I) (we) (did) (did not) 22b. SIGN ATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE DID ottended the deceosed from Viewahle body ofter death.	DAY YEAR 19 211. LOCATION 5. STREET DEGREE ATTENDING	200 AUTOPSY? 206 IN CI	F YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA' YES NO (NIB PART 1 OR PART 2) COUNTY Thour and from the couses st 22c. DATE SIGNED
29		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospits saw the deceased alive and obove, (1) (we) (did) (did not)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE DID ottended the deceosed from Viewahle body ofter death.	DAY YEAR 19 211. LOCATION 5. STREET DEGREE ATTENDING	200 AUTOPSY? 20b. IN CI	F YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA' YES NO (NIB PART 1 OR PART 2) COUNTY Thour and from the couses st 22c. DATE SIGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician. TO HOSPITAL

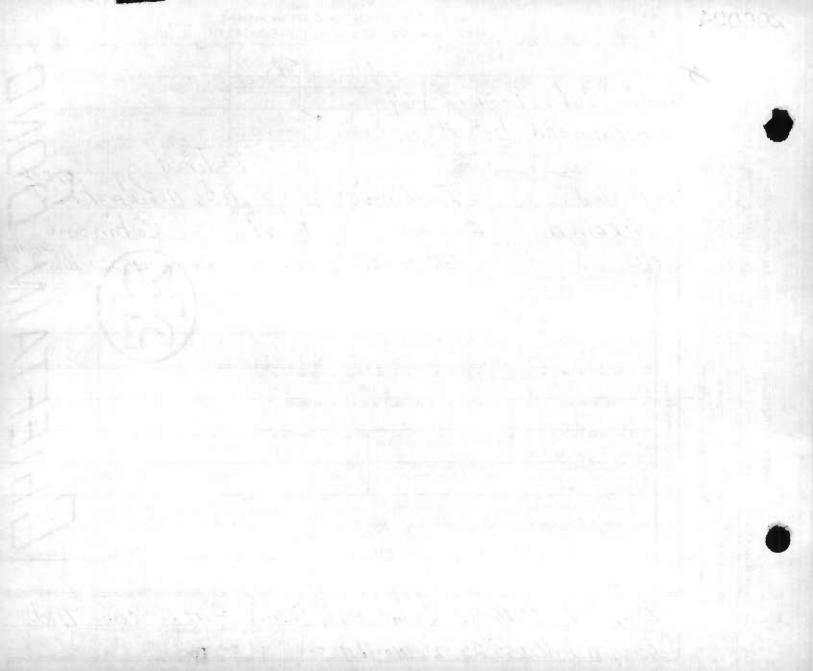
> BP. DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

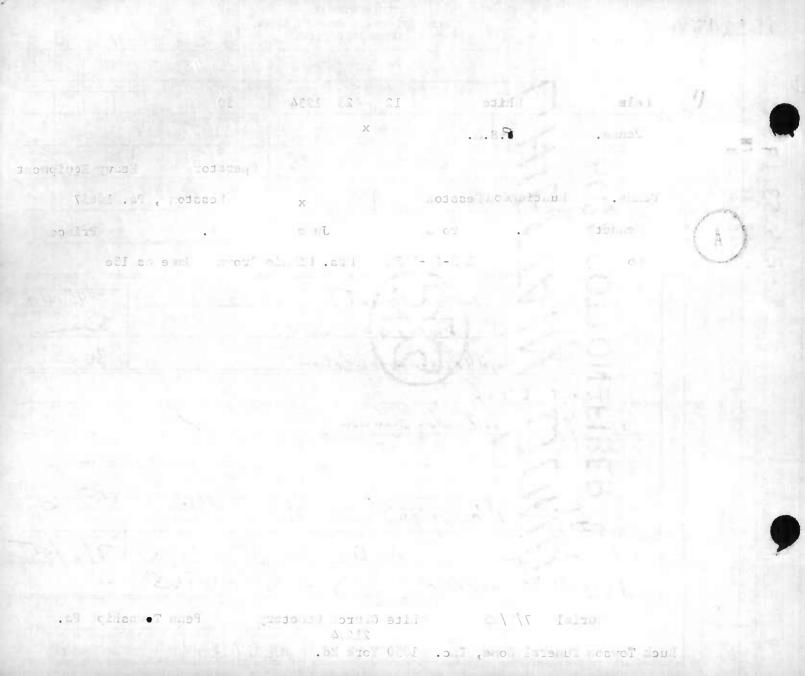
, F. 1722.S.

STATE OF MARYLAND 206094 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWNXX I. DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED 7-11 19 85 Eugene Brown MÖNTH 4. RACE DATE OF BIRTH IF UNDER TYR. DAY 12:26 6 AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE PRONOUNCED 1985 DEAD D. M 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED I NEVER MARRIED WIDOWED DIVORCED Baltimore City, O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION T26 KIND OF BUSINESS OR INDUSTRY Baltimore Lutheran Hospital SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, G 13d INSIDE CITY ETHITS? 136. COUNTY 14. FATHER'S NAME 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., A BURIAL - TRANSII I I AND MENTAL HYGIENE, E PERMIT. BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 191 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNGED TO SHOULD BE USED AS A HAFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOXX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Inquiry XX 220 I certify that I took charge of the remains despribed above, held on Autopsy Inspection and in my opinion Notural causes death resulted from Homicide Undetermined monner Spicide TITLE (SPECIFY) 7-11-85 DATE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230 BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE 07/84 BP 24. BUNERAL DIRECTOR 25M **DHMH - 17** (VR A15 ME (5))



Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

STATE OF MARYLAND



STATE OF MARYLAND

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injury, or other troumotic event, th

MPORTANT: # Hem 21 is morked or Item 18 shows

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		o -1		
1	DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	Į	AST			DAY 9 YEAR	26 NO UR		
1	MELIS	S 70	RI	ROWN		JULY 28	1985	1 1	8:30 m		
Г	3. SEX	4 RACE		5. DATE C		AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS		
L		Black		MONTH Z	Z OS	80	YRS	MONTHS DAYS	HOURS MIN.		
Ŧ	To BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH			
1	S.C.	USA		WIDOWE	DI DIVORCED	Baltimore	Ci	ity	MD		
1	Baltimore	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Land Genes	G HOME (DDRESS) ral H	OR OTHER INSTITUTION OSpital	120 USUAL OCCUPATION OF WORK FOR MOST CONTROL Retired			F BUSINESS OR		
1	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A	ZIP CODE	21230	0		
T	14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	-	LAS			
	?				Minerva	Cu	nningh				
P	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDR					
L	(105,100		216-16-88	358	Pearl Grandy	661 Portl	and St	. 21230)		
F	18 CAUSE OF DEATH (Enter on	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))									
ı	PART I. DEATH WAS CAUSE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH immediate		
ŀ	MMEDIA										
1		DUE TO, O	R AS A CONSEQUE								
1	Canditions, if any, which gave rise to immediate	(b)	Squamous	Cell	Carcinoma of	the lung		6 mo:	nths		
1	cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
ı	underlying cause last.	((c)	Smoking					ye	ars		
L	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	a ·		
ı	<u>N</u>										
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES IN CERTIF	, WERE FINDIN	OF DEATH?		
1	T					YES NO		s 🗍 '	NO 🗌		
-1			FINJURY M. MONTH DA	Y YF AD	21t. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)			
L	OR CONTRIBUTING CAUSE OF DEA	111		19							
1	OR CONTRIBUTING CAUSE OF DEA	21e PLACE		100	211. LOCATION			COUNTY			
ı	ANTICE NOT WHILE	(AT HOME STE	REET, FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TO	WN	COUNIT	STATE		
I	220.1 certify that XT (this hospi	tal) attended th	e deceased from	.7,,7	u 12. 19.85		Q	19_85	that Xi (we) last		
I	saw the deceased alive an above, X (we) (did) (dia X				nd that in (n) (aur) apinion a						
L	226 SIGNATURE	/)	oner death.		DEGREE			22c. DAJE	SIGNED		
ı	Will	Li-			ATTENDING PHYSICIAN	MEDICAL STAI	FF MAN	7/2	8/85		
1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS						
ı	WILLIAM	TAN			c/o Marylan	d General H	ospit:	a 7			
1	23a BURIAL, CREMATION, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		~			
	Burial	8/2/8			uburn Cem	CITY OR TOWN	nont	YINUOS	STATE		
1	24 FUNERAL DIRECTOR	1 3/2/(PI	U. A		West REC'D. BY REGISTRAR		PAPIS SIGNATI	LIDE		
1	NAME	,	ADDRESS	- 7	I AL	6 1985	230. KEG 1311	auticor-	fundalle		
1	Chas.A.Rice F	SPA 15	00 Euta	W PL	ace	1300	/		-1		

DHMH - 16 60M 7/84 (VRA 15, 4)

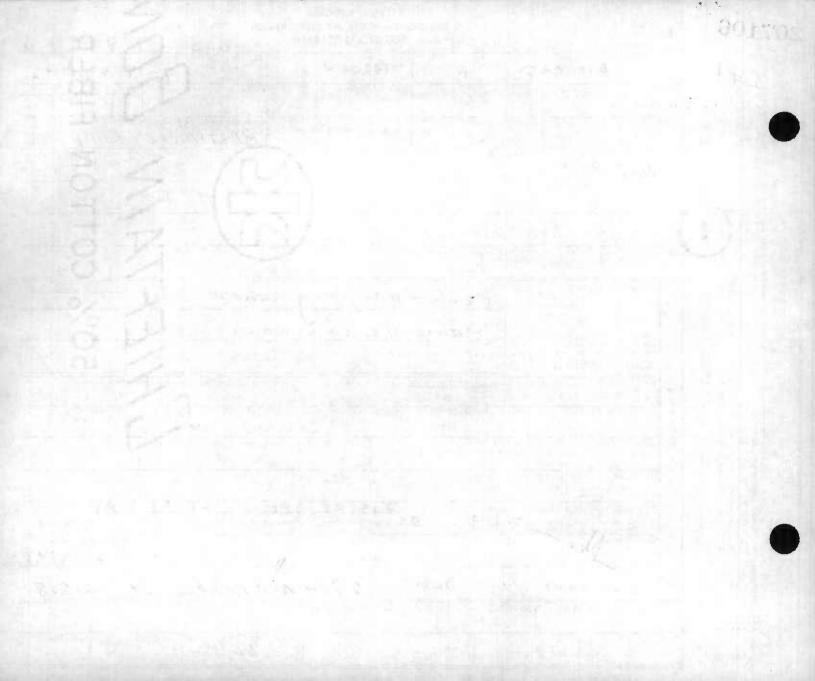
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	1	REGISTRAR				CERTIF	ICATE OF I	DEATH	8 RESINC		9 1	0	E
	I. DE	CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	AONTH DA	AY YEAR	26 HOUR	-
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O STET					/ \				4.405	/	•	-	+ /
1 11	3. SE:			RACE		5. DATE C	DAY	YEAR	6 AGE (IN YEARS LAST BIRTH	MC MC	FUNDER I YEAR	HOURS MI	RS IN
rs o	70	MALE		Bla	ack	4	28	21	64	YRS			
Po Po Po		RTHPLACE ISTATE OR FO	REIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8	X NEVER	MARRIED -	9. BALTIMORE CITY OF	COUNTY	OF DEATH		
A Xon 72 cm	V	irginia		l	J.S.A.	MARRIE		NORCED T	RALTIM.	ORC	CIT	1	A.A
thur de		TY OR TOWN OF DEAT	TH . 1			RSING HOME			12a USUAL OCCUPATIO		12b. KIND O	F BUSINESS	01
offe d the	-1	BATIMON	23	Month C	CH FACILITY, GIVE SI	TREET ADDRESS)	1 11:	4-1	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY		
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od bed do	13a_5	TATE	136 COUNT		13c CITY OR 1	TOWN	13d INSIDE C	CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE			
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4 < 1g/	4 F4	THER'S NAME		HODIE	LAST		15 MOTHER	S MAIDEN NA	ME		LAS		
-50è		William	~	R.	Brow	wn .	Cora	FIRST	E.		Day		
0	1865 V	VAS DECEASED EVER I	N U.S. ARA	AED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMA		ADDRES	S			-
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ndin cork				DUE TO, O	R AS A CONSE	OUENCE OF -		V.			100		
deo atte ove tion		Conditions, if any,		(b)_	Mete	estaho	c con	acino	mey	175			
the remo		gave rise to imme	the	DUE TO O	R AS A CONSE	OUENCE OF							
by by ose oth		underlying cause	lost.	((c)							1 2 2 2		
gned in ple buria ry, or		PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 10	5	Ξ
raper Ther to b	O			11 11 58									
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hos hos	F								YES TI NOM	IN CERTIFY	ING CAUSES	OF DEATH?	
ransit Hygie	FR	21a. ACCIDENT WAS UNDE	RLYING	21b TIME C	F INJURY		121c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY		RT L OR PART 21		-
Phys of Hy		OR CONTRIBUTING CA	AUSE OF DEAT	HOUR A.		DAY YEAR							
ring cer cer cer ving Aent	MEDICAL	(IF EITHER NOTIFY MEDICA		P. 21e PLACE	M.	19	211 LOCATIO	ON					-
this the b	ME	WHILE NOT WHILE		(AT HOME, STI	REET, FACTORY, OFF	FICE, FARM ETC)	STREET		CITY OR TOW	N	COUNTY	STATE	
os to os the orke		AT WORK								~ 1			_
N Se		22a f certify that (1) (- 11			13/85	_, , ,		19	9-85	that (I) (we) I	0
Spirts Spirts CTO I for of I		sow the deceased above, (1) we (di	d plive on d) (did not		ofter death.	19. H.T. ar	nd that in (my)	(our) opinion (death accurred on the do	e and hour o	and from the	couses stated	
ho ho ho ho he		226. SIGNAT	D.	4,160		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DEGREE	13317	Contract Vision		22c DATE	SIGNED	
AL Date Detail	150	N.				n	np '	PHYSICIAN [MEDICAL STAFI	AND	7-1	19/3	, 1
SPIT.	B.	228 PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRES		- 0	4			
TO HOSPITAL retained by the TO FUNERAL should be determed with the State IMPORTANT:		KIRTIK	MAIT	1	DE	SHI	27:	24 N.	Charles	St	4. 2	1218	7
Sho of sho	23n F	SURIAL, CREMATION, R		123b. DATE	T	23c. NAME OF C	EMETERY OF		Trad LOCATION	741			=
BP		BURIAL	- TATE	7/23		High Ro			CITY OR LOWER		COUNTY	Va.	
DF		JNERAL DIRECTOR		1 ., =>	1		o. Dap		E REC'D BY REGISTRAR 2	Sh REGISTE	AP'S SIGNIA		-
DHMH - 16 60M 7/B4		lliam C. Ma	arch F	F/H 11	OI F ADDRE	orth A	(B		2 2 1985	Ju. KLOISIK)	Lange on Ma	ale-	
(VRA 15, 4)	,,,	TTTUM O TIC	AL CIT I	\ 11 TT	OT F. I	OT CIT AV		000					



DEPARTMENT OF HEALTH AND MENTAL HYGIENE + STAM CERTIFICATE OF DEATH 205001 REGISTRAR DECEASED NAME CHECK SKINNEY Andrew 85 PHILIP RROYLES 071. 5EX RACE 6 AGE (IN YEARS LAST BIRTHDAY) Sept. 21 1983 Male White BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Maryland BALTIMORE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY RALTIMORE THE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSI OME OR OTHER INSTITUTION 13 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Middleburough Baltimore Monocacy Road 21221 15 MOTHER'S MAIDEN NAME MIDDLE Steven Broyles Patricia Hayes K. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Patricia Broyles 2227 Monocacy Road 21221 NO NONE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY mmediate IMMEDIATE CAUSE (o AS A CONSEQUENCE OF Intracrania 20 I crea god Conditions, if any, which gove rise to immediate stating the DUE TO, OR AS A CONSEQUENCE OF 23 hrs 35mm drowning PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO **IFICATION** 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? None 218 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 16 LIF FITHER NOTIFY MEDICAL EXAMINERS 21f LOCATION OME STREET, FACTORY, OFFICE FARM, ETC.) 22a 1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not ate and hour and from the convex stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial BY REGISTRAN SHOWARD MARY LAND July 20,1985 Meadowridge Mem. Park Elkridge 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) 4107 Wilkens Avenue Hubbard Funeral Home, Inc.

STATE OF MARYLAND

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(VRA 15, 4)

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REGISTRAR

CITY OR TOWN July 16, 85 Burial Moreland Baltimore, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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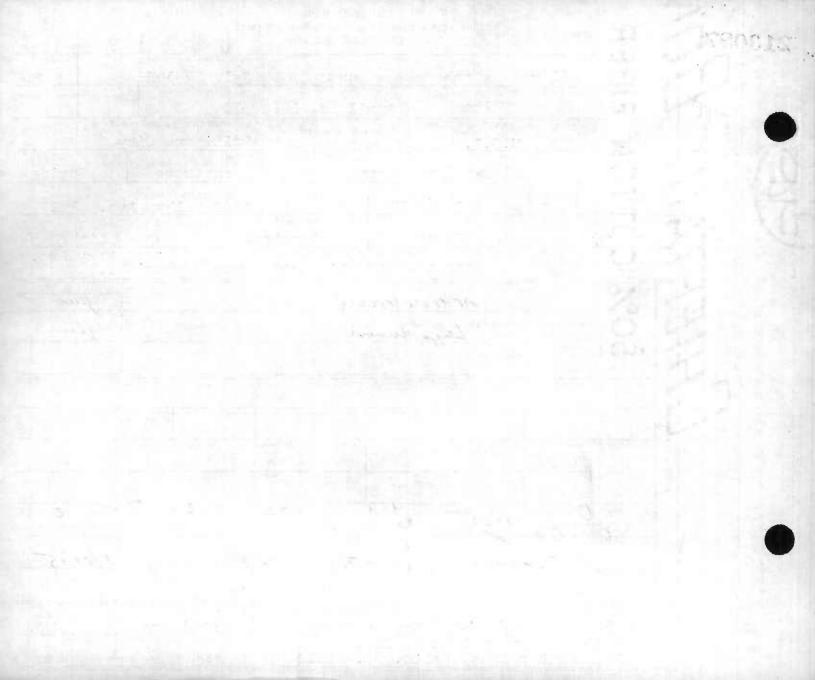
leaverd .. molt, Inc. 5505 Markord M. with

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST (TYPE OR PRINT) Melvin 1985 Buhrmar July 12 4 RACE S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR # UNDER 24 HRS 3. SEX White Male Aug. 3. 1909 To. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland Baltimore City WIDOWERKO DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17h KIND OF BUSINESS OR Tavern Self employed Baltimore Francis Scott Kev Med.Center 13g. STATE 136. COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1230 Riverside Ave. Balto. Md Maryland Baltimore NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Englemann Susie Lewis Buhrman 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Mrs.Gerald E.Meseke, 8 W.3rd.Av.Bk.Pk. 213-01-2155 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELLY ED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO [YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM THE NOT WHILE 220 1 certify that (I) (this haspital) attended the deceased from sow the deceased offer on and that in (mx) (our) opinion death occurred on the date and hour and from the causes stated did not) view the body ofter death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: shauld be a 22e ADDRESS 22d PHYSICIAN'S NAME VYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE Ba"1to A. A. Co Maryland" Burial Cedar Cemt. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 McCurry Funeral Home, 130°Es. Fort Ave. Bal (VRA 15, 4)

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3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)



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STATE OF MARYLAND

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5. DATE OF BIRTH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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52	YRS.	MONTHS	DATS	HOURS	MIN.

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY 12g USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET

17h, KIND OF BUSINESS OR

m

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL

Н

76. CITIZEN OF WHAT COUNTRY?

Hocutt

DUE TO, OR AS A CONSEQUENCE OF

U.SA.

Black

13d INSIDE CITY LIMITS? Baltimore NOF

13e STREET ADDRESS / ZIP CODE 1803 East 29th Street 21218 15 MOTHER'S MAIDEN NAME MIDDLE

Hocutt Brooklyn, New York

16h SOCIAL SECURITY NO 241-56-4686

Carolyn Hocutt 951 Carroll Street

APPROXIMATE INTERVAL

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F

COUNTY

71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED [ENTER NATURAL INJURY IN ITEM 18 PART | OR PART 2] OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC. STREET CITY OR TOWN

220 I certify that (1) This haspital attended the deceased from sow the deceased alive an_

_, and that in (my) (@ppinion death accurred on the date and hour and from the causes stated

226 SIGNATUR DEGREE

ATTENDING MEDICAL. PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 600

BALTO,

22c. DATE SIGNED

THE PHYSICIAN'S NAME LINE OF PENTS

23a. BURIAL, CREMATION, REMOVAL

FIRST

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LIE YES GIVE WAR OR DATEST

IMMEDIATE CAUSE (0)

ALMA

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore.

COUNTY

Md.

STATE

BURTAL 24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Ave.

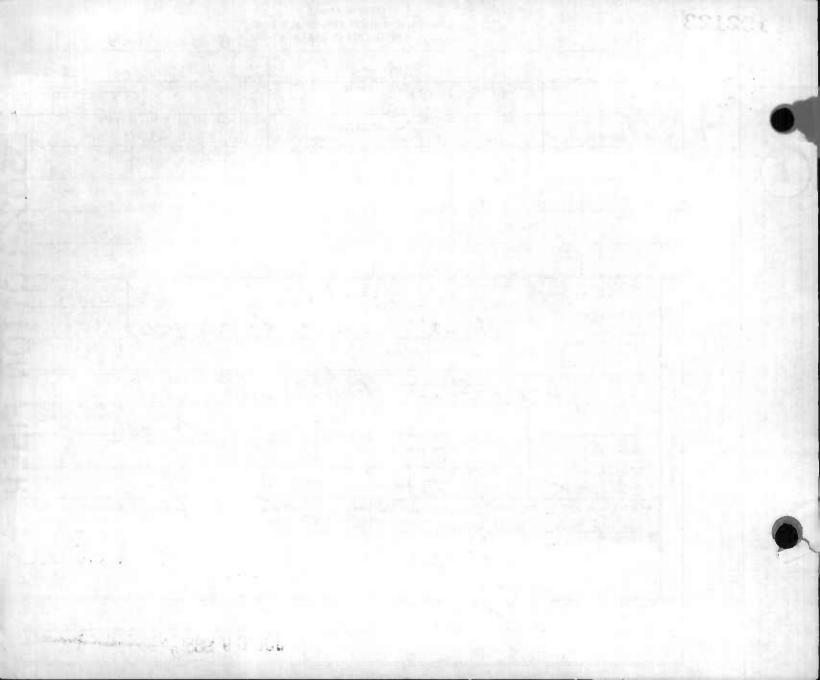
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Woodlawn Cemetery GISTRAR 256 REGISTRAR'S SIGNATURE

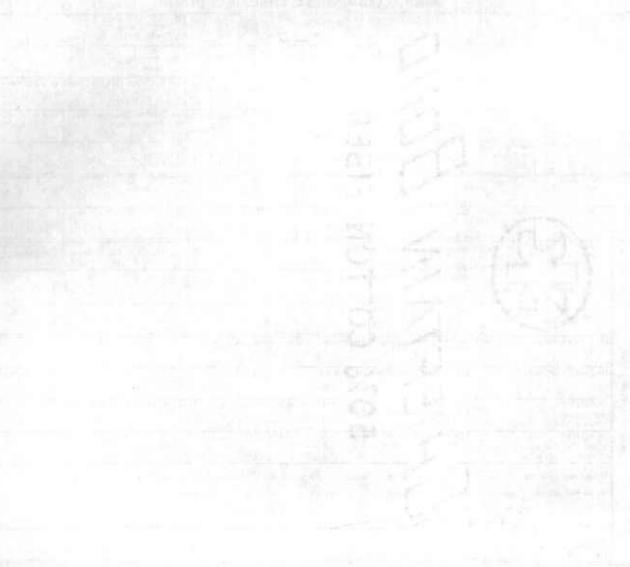
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278. I certify that I took chorge of the remains described above, held an death resulted from: Natural couses . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) ACTUAL SIGNATURE . ACTUAL SIGNATURE . AND M. D. ASSISTANT MEDICAL EXAMINER . SIGNED . 7-25-85 EXAMINER'S NAME AND M. DIXON, M.D. ADDRESS . LIPPON St., Balto., MD 21201 230. BURIAL, CREMATION, REMOVAL . 23b. DATE . Cedar Hill Cem ATTOR . AND . A	200	SHO TO	1 3								stabb	ea.						
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07/84 BP		PAGE AFTER A	23n B	URIAL CREMATION I	DEMOVAL 122h	DATE	123c N	JAME OF CEM	ETERY O	R CREMATO								
25M 24. FUNERAL DIRECTOR DHMH - 17 DAME 25. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS ADDRESS	07.0	DD	1	Burial	7/	/30/85	Ce	dar Hi]	ll Ce	em.		Annie	MAru	ndel	C	O.	MD'	ATE
DHMH-17 NAME C March F (II 110 ADDRESS Nambb Ave			24. F	UNERAL DIRECTOR				-		2	75a. DATE REC	C'D. BY REC	GISTRAR	25b REG	ISTRAR'S	SIGNA	TURE	
(VR A15 ME (5)) Wm. C. March F/H 1101 E. North Ave.		DHMH - 17 (VR A15 ME (5))		Wm. C. Mar	ch F/H	1101 E.	Nor	th Ave.	W.		. 4111	2 0 10	85	: 41	سنداط	son-A	andell	



STATE OF MARYLAND

FUBLIC WORKS ANDE DRUNGED

HERRIE BULLE HARMER ERRICA

NO "----" 216-09-527 A ALMA B. BURKHAN BOZMAN, Md. 216-2

SURE JULY 1, 1905 Demon'S CEMETERY SPANES TALLOT MARKERS

A CANADA CONTRACTOR OF THE STATE OF THE STAT

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

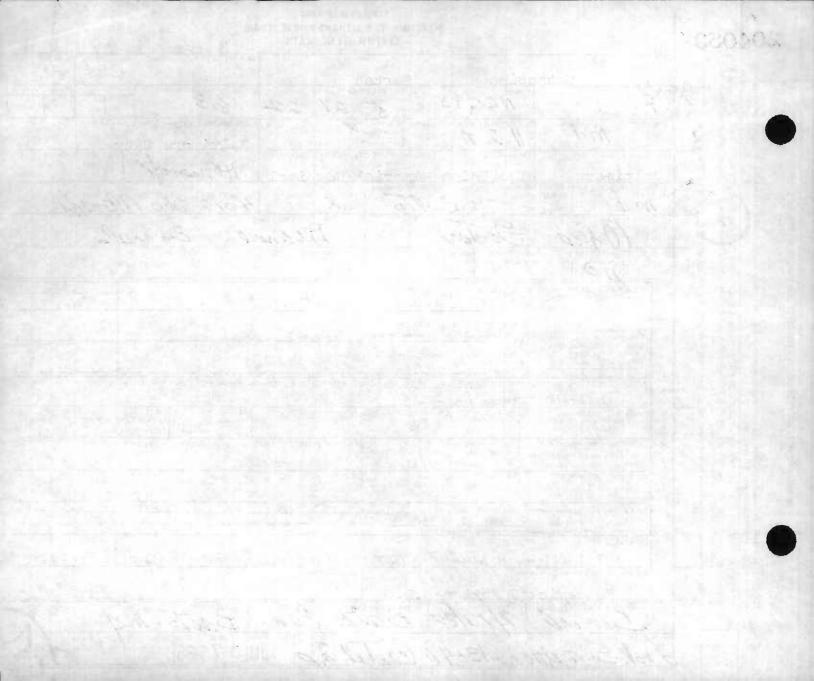
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

l		STATE REGISTRAR	DEI AKIN	CERTIFICATE OF DEATH	8 REG. NO	19118
I		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	
J				Burton		7-13-85 815 M
1	3. SEX		NEGRO	S DATE OF BIRTH	6. AGE LINYEARS LAST BIRTHO	MONTHS DAYS HOURS MIN,
		OUNTRY) M	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Pal + imaxa	
7		altimore	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	Baltimore 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	126 KIND OF BUSINESS OR
1		L RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?		o Monado
0	14. FA	THER'S NAME	MIDDLE DOSTON AST	15. MOTHER'S MAIDEN NA	and middle gi	in also
		AS DECE ASED EVER IN U.S. AR ES, NO OR UNKNOWN (IF YES, GIV	MED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	
		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), one iD BY: TE CAUSE (a) Cardio	- 01		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH Shr
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	regenie Shock		
	NOI	PART 2 OTHER SIGNIFICANT O	conditions contributing to a	DEATH BUT NOT RELATED TO THE TERM	WIN AL DISEASE OR CONDIT	ION GIVEN IN PART To
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY II	NITEM IS PART I OR PART ?)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
		saw the deceased alive an	atol) attended the deceased from		death accurred on the date	and hour and from the causes stated
		27h SIGNATURE to reder		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	7-13- S
		Frederic	Suzton M.D	22e ADDRESS		
		URIAL, SEMATION, REMOVAL		CALLED CREMATORY	Day Is	- M2 STATE
4	24 Fy	MERALDIRECTOR WILD SIENDSELT	Jons 1344 7 (Pertil ap 250. DA	TE REC'D. BY REGISTRAR 258	REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



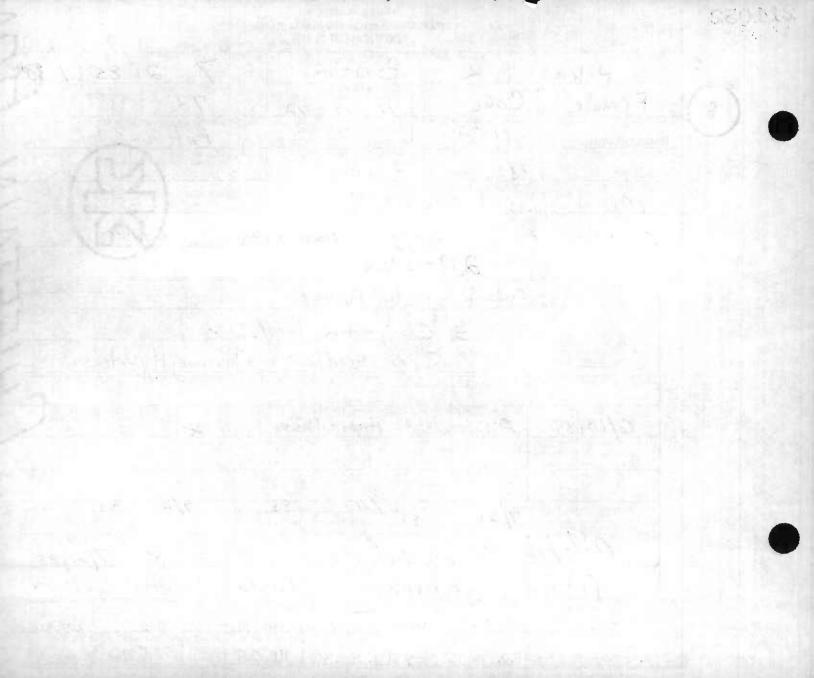
			FOR			DEPARTMENT O		ARYLAND	L HYGIENE				
		1-	STATE REGISTRAR		MI	EDICAL EXAM				REG. NO			
	192	03	SED NAM			MIDDLE	Din	rton			ONIN DAYS	YEAR 76 F	OU
	L REGERE	3.56		Georg	5. DATE OF BIRTH		N YEARS IF UN		DER 24 HRS. 2c. DA		ONTH DAY	9 85 YEAR 2d F	IOU
-	NUDIRE YOUR NO72 H	1	12/e	Black	APPIL 19	7- 24 LAST BIF VHAT COUNTRY?	YRS.	DAYS HOURS	MIN. PRONOL			19 85 p	:0
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(1	PAGE NAME OF STREET	E	altimo	re		Samaritan	Hospit	er institution	FOR MOST OF W	PATION (TYPE OF PANOLOP)	WORK 12b KIN OR Pase	ID OF BUSINES	ic
10	SAME F		TATE	1136 COUN		130. CITY OR TOW		13d. INSIDE CITY LIMITS	13e STREET ADD	ColdSpi	NNG Z	2121.	2
RE, MD.	ESTH. #	14, 5	Tenn	V	MODES	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE	Finilo	AST	
LTIMOS	VEPAGE TANGER OF THE PAGE TANGES TANG		VAS DECEASE ES, NO OR UNKNO		MED FORCES?	166 SOCIAL SECT	RITY NO.	17. INFORMANT	nevceB	ADDRESS A	726 E. C	0/d-	10
01 W. PRESTON ST., BA	IED WITHIN 24 HOURS A PENCIL IN ITEM 1B. GI KAMINER ALONG WITH A L-TRANSIT PERMIT PERM		Condition	IMMEDIATIONS, if ony, which ise to immediate) stoting the under-	DBY: TE CAUSE (a) A DUE TO, O	ne for (a), (b), ond (c). rterioscle R AS A CONSEQUEN R AS A CONSEQUEN	rotic (Oncope		APP BETWI	PROXIMATE INTER: EEN ONSET AND D	PEATI
ORDS, 2	D BE EXECUTED ENDING" IN PROBLED EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL CREMATION, OF THE PROBLEM OF THE PROBL	Z	PART 2 DTHER S	IGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASI	OR CONDITION GIVEN II	Y PART 1 (a).				
ITAL REC	SHOULD BE BOORD "PENDIN CHIEF MEDIC E USED AS A I T OF HEALTH.	CERTIFICATION	19a, DATE OF	OPERATION	19b. COND	ITION FOR WHICH O	PERATION W	AS PERFORMED?			933 35	JTOPSY?	R 37
DIVISION OF VITAL RECORDS, 201 W.	CERTIFICATE SHOULD TING THE WORD "PE ED TO THE CHIEF M 3 SHOULD BE USED A DEPARTMENT OF HEA I PROR TO BURBAL, O		UNDERLYING	AL CAUSE WAS OR ING CAUSE OF E		M. MONTH DAY Y	EAR	OW INJURY OCCUI	RRED LENTER NATURE OF	INJURY IN ITEM 18 PART		ES NO	9X.0
DIVISIO	WRETING WRETING WARDED 1 AGE 3 SH ATE DEPA	MEDICAL	WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOMICTORY, FARM, ETC.)		CATION	CITY OR 1	IOWN	COUNTY	S	TATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PORGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE STI BALTHMORE, MARYLAND, 2			rify that I took charg	e of the remains de	Accident .	Suicide	Homicide TITLE (SPECIFY)	Undetermined r	manner .	my apinion DATE SIGNED	7-2-85	
	MEDIC ECUTE 1 NGE 4 SI FIER DE	1	EXAMINER'S (TYPE OR PRI	NAME DE	ennis F.	Smyth, M.D		ADDRESS 111	Penn St.	, Balto.,	Md.	21201	
07/84	Bb	1	unia	TION, REMOVAL 2	7-6-85	23¢ NAME OF	CEMETERY O	RCREMATORY 12/6/21	23d. LOCATION CITY OR TOWN	416	COUNTY	od STATE	
25M	DHMH - 17 (VR A15 ME (5))	24 F	Randi	Polo Q. Ca	elick 2	4316,00	ives ,	St. 250. DA	UL 9 198	TAR 256 REGISTR	AR'S SIGNATU	andell.	14

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DHMH - 16 60M 7/84 (VRA 15, 4)

Lee A. Patterson & Son P.O. Box 188 Perryville, MD 21903

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

190140 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 7h HOUR I. DECEASED NAME FIRST TULY, CTYPE OR PRINTS 1985 9:55 Mabel H. Busick A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4 RACE 5. DATE OF BIRTH AACTANITAA Female White Nov. 8. 1899 To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWEDK Baltimore City AN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Home & Hospital Baltimore Housewife. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore 3104 Pinewood Ave. YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME James Leicht Maggie Hart ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 21239 HE VES CIVE WAR OR DATES (YES NO OR UNKNOWN) 212-74-5171 Mrs. Catherine Leicht 1358 Winston Ave APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACITY MYOCARDIAL INFARCTION AORTIC ANEURISM DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO F 21a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. LIE EITHER NOTIFY MEDICAL EXAMINERS PM 211 LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE THILV 220.1 certify that (1) this hospital opinian death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL 100 N. BALTIMMORE Md. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF LOWN STATE

DHMH - 16 60M 7/84

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MPORT

Leonard J. Ruck, Inc. Baltimore, Maryland, (VRA 15. 4)

Burial

74 FUNERAL DIRECTOR

Moreland

Baltimore Maryland
250 DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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Lounced d. Ones, Inc. Unitimore, Maryland.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR BG. NO I. DECEASED NAME LIVEE OR PRINTS 21,1985 EARL BUTLER 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS DAY YEAR Black Male 19 36 48 To. BIRTHPLACE (STATE OR EOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. USA WIDOWED DIVORCED XX BALTIMORE 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12s. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 3a. STATE 13b COUNTY Balto. 13d INSIDE CITY LIMITS? 1213 E. Oliver St. 21213 Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Borough Golds Butler Mamie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. [[IF YES, GIVE-WAR OR DATES] YES NO OR UNKNOWN) 216-32-4497 1213 E. Oliver St. Donald Butler 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: the Caroted Artery 25 min Hemorrhage DUE TO, OR AS A CONSEQUENCE OF in Chronic Infection and fistula prosion Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost overnous Cell Circinomer numerous ucek nifections, fistule formation and existen of tissues 196. CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA M SITU 206 IF YES. WERE FINDINGS USED 20a AUTOPSY? 1980 & Lock Rasen IN CERTIFYING CAUSES OF DEATH? None this Admession NONE thes Admission 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING X CAUSE OF DEATH Chronic infection and tissue erosion from S 165/PM July 1025 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY COUNTY STATE NOT WHILE NONE NONB 220.1 certify that if (this hospital) Attended the deceased from Sully sow the deceased alive on July 2 (
above, (M (we) (did) (did not) view the body after death , and that in (my) (our) apinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MO ATTENDING MEDICAL STAFF July 21, 1985 PHYSICIAN DIRECTOR PHYSICIAN M 22e ADDRESS 77d PHYSICIAN'S NAME (TYPE OF PRINT) UNION MEMORIAL HOSPITAL MARK FURTM 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Baltimore, Md. 7/25/85 Baltimore Nat. Cem. 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNAL PROPERTY OF THE PROPERTY O 24 FUNERAL DIRECTOR Wman C March F/H 110kook. North Ave.

DHMH - 16 50M 4/B3 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

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4905 York Road

23g. BURIAL CREMATION REMOVAL

Burial

8/2/85 Western Cemetery 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. Balto., 21212

MD

73c. NAME OF CEMETERY OR CREMATORY

Dr. T. C. Trageser

23h DATE

Baltimore.

Union Memorial Hospital

23d LOCATION

MD^{STATE} is a barrason-Mandall

STATE

2b HOUR 1140

12h KIND OF BUSINESS OR

Kraft

COUNTY

22c. DATE SIGNED

7/30/85

Same APPROXIMATE INTERVA

Own Home

21239

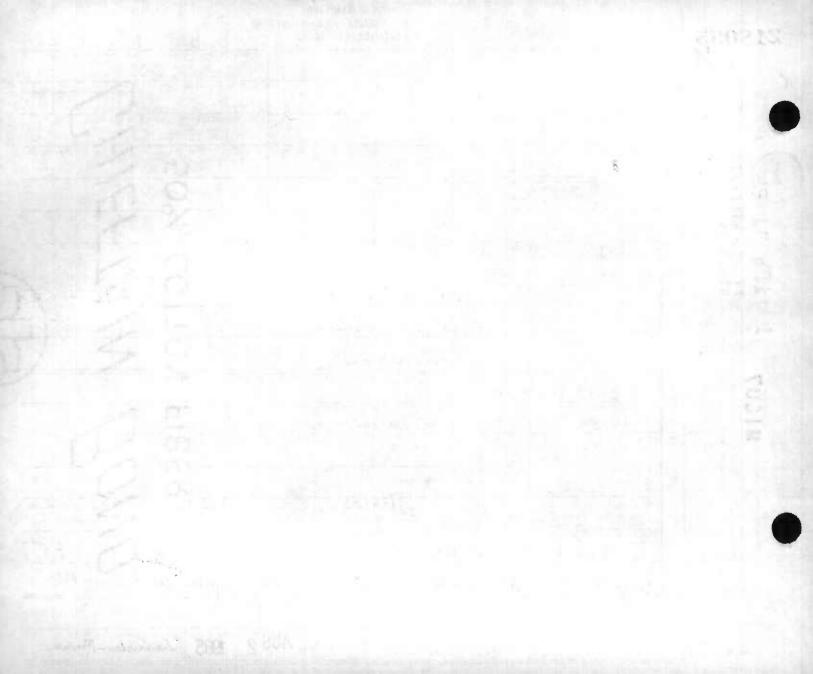
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June 11. Carleton & Cara Co.

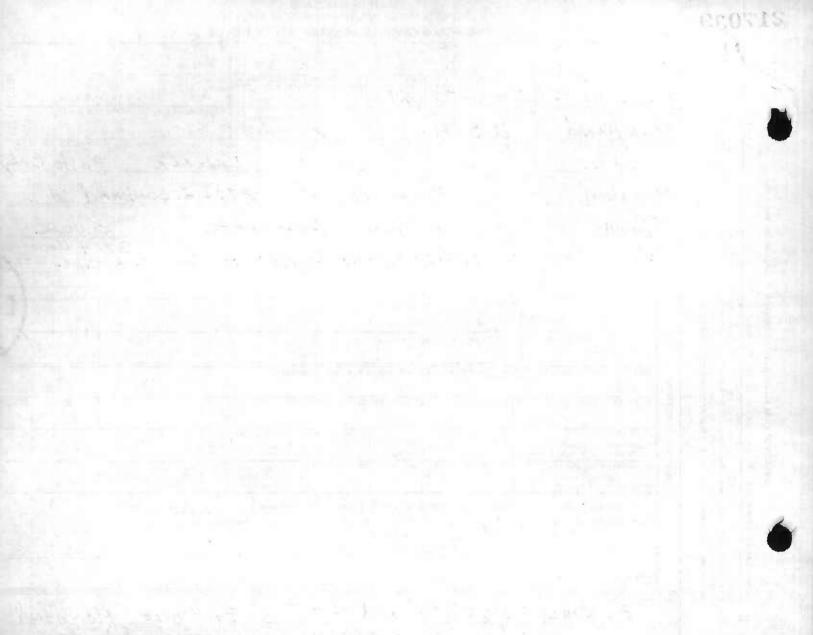
N. STEFF LAVIET COSES LEGG MINY BURN

(VRA 15, 4)

218055	1	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLA EALTH AND I	MENTAL HYGI	8 R	5 NO.		9	2 4	
2 1		CEASED NAME FIRST		MIDDLE		\ST		20 DATE OF DE			YEAR	26 HOUR	
1 0 00		WILE		М.	BYE				29,			2:20 _M A	
4 3	3. SE		4 RACE	-1.	5. DATE O	F BIRTH	2*6*	6 AGE (IN YEARS	LAST BIRTHDAY	MON	HS DAYS	IF UNDER 24 HRS	
and	7. 01	Male RTHPLACE ISTATE OR FOREIGN	Blac			20	20			YRS	DEATH		
LIE RE		MD ,	l	USA	MARRIE		VORCED 🔲		TIMOR			MD.	
THE		BALTIMORE		HOSPITAL, NUR HINS HOP			TITUTION	120 USUAL OCC (TYPE OF WORK FOR			126 KIND OI INDUSTRY	F BUSINESS OR	
20 30	130 S	AL RESIDENCE HE NURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY	130 CITY OR TO Balt		13d INSIDE C	ITY LIMITS?	TOTS N.	RESS / ZIP	e St.	2120	5	
# 1200	14. F.A	Arthur Arthur	WIDDLE	Byers			s maiden nan élista		DDLE	Proc	ter (AST		
1000		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE		17 INFORMA			ADDRESS	CI			
20 4504 1 (YES, NO OR UNKNOWN) (IF YES.		217-20	-9684	lda Ma	e Byers	1013 N.	MOTT	e St.		MATE INTERVAL DNSET AND DEATH	
ewent, #			CAUSE OF DEATH (Enter only one couse per line for 10), 16), and 10:11 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cordine arrest										
ures that the death signed by the attendent please remove co burial, cremation, or other froumdiury, or other froumdiury,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	RAS A CONSECULAR	and as pour of anials	heed		IN AL DISEASE OR	CONDITIO	DN GIVEN I	N PART 11a		
nos been mos permit. Il me prior t	CERTIFICATION	190 DATE OF OPERATION	1. 1	ITION FOR WHI	01.	WAS PERFO	PRMED	20a AUTOPSY	IN	CERTIFYING	ERE FINDIN G CAUSES	OF DEATH?	
SICIAN: Thing phy of certificate by anich-tronsit tentol Hygie them 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAMI	216. TIME O	F INJURY M. MONTH			JURY OCCURR	ED (ENTER NATURE	_	YES _	OR PART 2)	NO [
offending offer this of the bur hond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		CE FARM, ETC)	211 LOCATIO STREET	N	ÇIT	Y OR TOWN		COUNTY	STATE	
ATTENDIP ospital or ECTOR: A cd for use of to Use of the old		270. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) 27b. SIGNATURE	spital) attended the	deceased from	85 on	d that in (my)	, 19 (aur) opinion d	toleath accurred on	the date or	. 19_ nd hour an	d from the c		
HOSPITAL OR A ned by the hospital by the hospital birecond and be desoched the Stote Dept.	1	22d PHYSICIAN'S NAME (TYP	Carlo	emp		PEGREE A 27e ADDRES		MEDICAL DIRECTOR P	STAFF	E	2-2 DATE S	9-85	
retoined by TO FUNER should be discussed in the Story	22- 0	DAVID P.		BONE		John	stuple	ms thisp.		alti	more,	ug.	
BP	230 0	SPECIFBULIAL	8/2/85		Baltimo			23d. LOCATIO Balit	~imore	co	DUNTY N	1D STATE	
DHMH - 16 60M 7/84		UNERAL DIRECTOR Wm C March	-/H 1101	F. NOT	th Ave	200	25a AU	GEC'D, BY REGIS	TRAR 250 R	EGISTBAR	S SIGNATU	IRE Sydelle	



04	1810 - 0	1	500		STATE OF MARYLAND	WO IEN IE	
21	7039	1-	FOR STATE	MEDICAL EXAM	OF HEALTH AND MENTAL H		
	-111	1 DE	REGISTRAR CEASED NAME FIRST	MEDICALEXA	MINER'S CERTIFICATE O	4 13 110,110	9 2 5
-	1		E OR PRINT)			OF ESTI-	To HOOK
3	3888E	2 66	Melvin		Cadden (IN YEARS IF UNDER 1 YR, I IF UNDER	DEATH MATED 7	29 19 85 N
1	포함프로	3. SE	1. KALE	MONTH DAY YEAR LAST	(IN YEARS IF UNDER 1 YR. IF UNDER BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED	DAY YEAR 2d HOUR
	ARY, FOUR V 72 H	1	ALE WHITE	3-3-38 4	YRS.	DEAD 7	29 1985 M
	IS NECESSARY, E FUNERAL DIN E 5 FOR YOU ED, WITHIN 72	70 B	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRI	ED . SALTIMORE CITY OR COUL	NTY OF DEATH
	N S S S	1/	ARYLAND	U.S.H.	WIDOWED DIVORCE	DOTCTIOL	
		10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I (IF NOT IN SUCH FACILITY, GIVE STREET ADD	HOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
	PA PA PA	1	Baltimore		Key Medical Center		BAHO. CITY
5		USU/	AL RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION) 113d INSIDE COPPLIMITS?	13e STREET ADDRESS	21220
21201	L ANY	1	ARYLAND	BAH	TOTORE YES & NO [3724 E. 2046A	and St I
W.	C4 65	14. F.	ATHER'S NAME	MIDDLE AST	15 MOTHER'S MAIDE	N NAME MIDDLE	a 1AST
m,	DEATH.	1	honAs	CAda	IEN ANTIO	Nette	SWORE
BALTIMORE, MD.		16a \	VAS DECEASED EVER IN U.S. ARM		URITY NO. 17. INFORMANT	ADDRESS 3	724 EAST
ALT	JRS AFTER 3. GIVE PA WITH FOR I. PAGES DIVISION		Yes 10/31/	55-1/24/56 216-3	32-8214 ANTION	vette Swape L	OMBARD ZIZZY
	HOURS M 1B. G VG WIT RMIT. P NE, DIV.		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).)	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z S	UTED WITHIN 24 HOU IN PENCIL IN ITEM 1B EXAMINER ALONG V IALL TRANSIT PERMIT O MENTAL HYGINE, I ON, OR REMOVAL.		PART I DEATH WAS CAUSED	E CAUSE (o) Cardiomyopa	athy		DETWEEN ONSET AND DEATH
STO	N A A A A A A A A A A A A A A A A A A A			DUE TO, OR AS A CONSEQUE			
2	A A N.S. E.A. A N.S. E.A. A N.S. E.A. A N.S. E.A. A A N.S. E.A.		Conditions, if ony, which gove rise to immediate	(b)			
₹	OR THE WAR		couse (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
201	NO A A A A A A A A A A A A A A A A A A A		lying coose loss.	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	JULD BE EXECUTED 3. "ENDING". IN PREDICAL EXAMED AS A BURIAL-F. HEALTH AND MEI AL, CREMATION, (PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH RUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN PAR	IT 1 (a).	
8	SE S	CERTIFICATION					
2	SHOULD ORD "PEI CHIEF N SE USED A SURIAL, O	3	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
-	WORD WORD WORD WORD BE US BURIO	曹		A.			YES X NO
9	HIS CERTIFICATE SHOULD WRITING THE WORD "PR AROED TO THE CHIEF A GGE 3 SHOULD BE USED THE DEFENSION OF HE DEFENSION TO PURIOR TO BURIOR TO BURIOR."		210 EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCURREN	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR I	PART 2)
O	CERTIFICATE WING THE WAS TO THE WAS TO THE WAS	MEDICAL	CONTRIBUTING CAUSE OF D		9		
VISI	DEP SS SP	NEO.	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME, 211. LOCATION STREET	CITY OR TOWN C	COUNTY STATE
۵	THIS C WARD WARD PAGE STATE D	2	WHILE NOT WHILE AT WORK			CITORIOWA	STATE
	R: THI ORWA R: PAC E STAI			of the remains described obove, held	on Autopsy , Inspection	, Inquiry X and in my	oninion
_	NO THE		/-	I coulin XX Accident	Suicide . Homicide .	Undetermined monner	opinion
	EXAMI CERTIF CERTIF DID BE DIREC WITH AARYL		100	TKI C	TITLE (SPECIFY)		
	A PER T		SIGNATURE CECCL	well / music	Assistant	MEDICAL EXAMINER SIGN	7/30/85
	MEDIC CUTE THE SE 4 SH FUNER ER DEA	/				THE POPULATION OF THE POPULATI	VLD
	* SASE		EXAMINER'S NAME (TYPE OR PRINT)	Dennis F. Smyth, 1	1.D. ADDRESS 111	Penn St. Balto.MD).
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STILL BALTIMORE, MARYLAND, 2	23a. B	JRIAL, CREMATION, REMOVAL	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION	DINTY . STATE A
07/84	BP		DURIAL	8/2/85 SAC	Red H+ at Jesus	BAHINORE	MARVIANO
25M	DHMH - 17	24 F	JNERAL DIRECTOR	1 L ADDRESS 2635	CONKING 250. DATE R	EC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURA DEL
	(VR A15 ME (5))	U	osephN. Li	TUNINO 212	24 54	0 1 1900	1



DE

PARTMENT	OF 1	HEALTH	AND	MENTAL	HYGIENE
CEI	RTII	FICATE	OF	DEATH	

REGISTRAR			CERTIFICATE OF DI	EATH	8 RECOIO.	1 9	12	
DECEASED NAME	FIRST HARR	MIDDLE W	CAHILL	Sr.	20 DATE OF DEATH MONTH	DAY YEAR 2 85	6 om	
3 SEX MALE		White	5 DATE OF BIRTH MONTH DAY	YEAR 17	6 AGE (IN YEARS LAST BIRTHDAY) 67 77-8/ YR	IF UNDER 1 YEAR	IF UNDER 24 HRS	
7a. BIRTHPLACE (STATE COUNTRY) Maryland		U.S.A	MARRIED MEVER M	ARRIED ORCED	9 BALTIMORE CITY <u>OR</u> COU		M	

5	Baltimor	(IF NOT IN SI	CHEACILITY, GIVE STREET ADDRESS) Samaritan Hos		Warehouse	INDUSTRY FOOD FAIR	
5		13b COUNTY	N GIVE RESIDENCE REFORE ADMISSION	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS / ZIP CODE 3113 ROUSTON Ave	21214	
0	14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST	

LeRoy Cahill Mary Jame Merkle 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 216-03-6505 XXX (IF YES GIVE WAR OR DATES) Mrs Dorothy A Cahill Yes WW 11 Same As 13e

APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I, DEATH WAS CAUSED BY: CARDIAC ARREST ONE MINUST DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse tast

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUT		IN CERTIFYING CAUSE			
				YES 🗌	NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRED) (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)			
(IE EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220 | certify that (I) This haspital) attended the deceased from (aur) opinion death occurred on the date and haur and fram the causes stated sow the decased glive an July 2 abave, (1) (did) (did nat) view the bady after death M DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN Burial 7/6/85 Parkwood Baltimore, Maryland

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

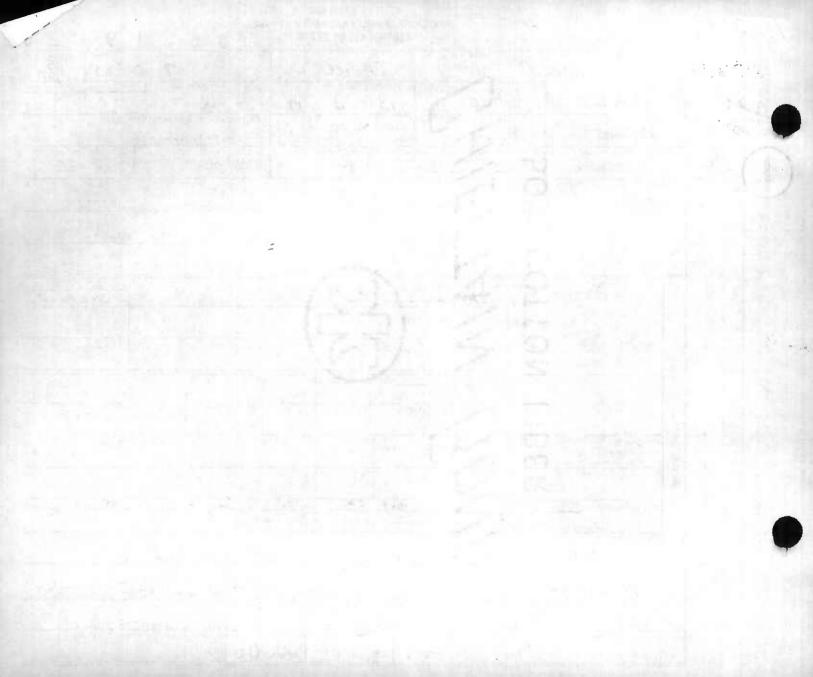
or Hem 18

MPORTANT.

Leonard J Ruck Inc. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

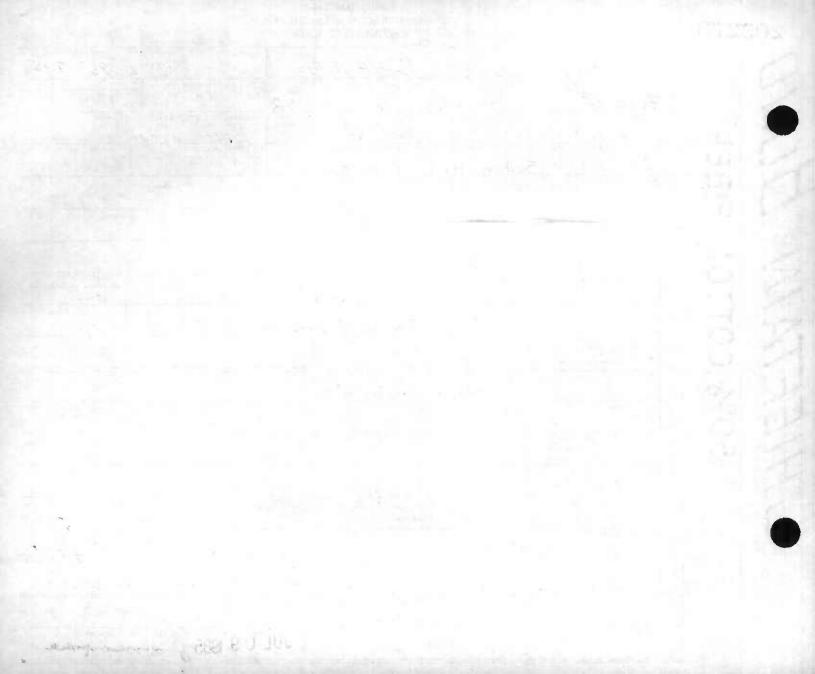


				STATE OF MA	AKTLAND			
202120	FOR STATE REGISTRAR		DEPARTN	CERTIFICATE	AND MENTAL HYG OF DEATH	IENE	. 19	127
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. DECEASED NAME (TYPE OR PRINT)	Vilhelming	na Freder	ieka ison	aison	26. DATE OF BEATT	7-10-8	7/11
ge 4 may	3. SEX Femal		S. DATE OF BIRTH MONTH MONTH DAY YEAR			6. AGE IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
death. Pa	70. BIRTHPLACE (STATE OF	U.S.		WIDOWED	EVER MARRIED DIVORCED		City	MD.
by the f	10. CITY OR TOWN OF, DE Baltimon	e France	HOSPITAL, NURSIN UCH FACHTY, GIVE STREET, COLLET K	ey Medica		(TYPE OF WORK FOR MOST O	ON 12b. K F WORKING LIFE) INDL	CIND OF BUSINESS OR JSTRY
AND 21:	Maryland	Baltimore	Dunda	N 13d, INS YES [Road 2122	2
ompletel	John	Herman	Koehle	r	THER'S MAIDEN NA Margarez	WIDDIE		indit
be execution on and control on and control on and control on the c	(YES, NO OPJUNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECU		n H. Cais	on 8320 Cov	e Road 21	
ST., BALTIP	18 CAUSE OF DEA PART I. DEATH	NTH (Enter only one cause p WAS CAUSED BY: IMMEDIATE CAUSE (0)_		deopylmon	19ry Gres	+	BE.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
W. PRESTON of the death c y the attending se remove cartending, or cremation, or	Canditions, if on gove rise to in cause (a), stat underlying cous	nmediate)	OR AS A CONSEQUE		Cyimong,	metasktic.		18 in infhs
ECORDS, 201 Sow requires the been signed to mit. Then plea prior to burial. In only injury, or only injury, o		GNIFICANT CONDITIONS	CONTRIBUTING TO D			I 200 AUTOPSY?	DITION GIVEN IN P.	
VITAL REC LIAL The law Invision. Invision promits perm Hygiene pr Hygiene pr Hygiene pr	STIFIC				R. House	YES NO	IN CERTIFYING C.	AUSES OF DEATH?
SICIAN: ng phys certifica vial-trai	OR CONTRIBUTING	CAUSE OF DEATH HOUR	P.M.	Y YEAR		RED (ENTER NATURE OF INJUI	ry in item 18. part 1 Or P	ART 2)
DIVISION NG PHY attends of the bis of the bit of the bi	21d. INJURY OCCU	WHILE (AT HOME !	E OF INJURY STREET, FACTORY, OFFICE, FA		OCATION STREET	CITY OR TO		
ATTENDI Spital or STOR: A for use of Heal	sow the deced above (i) (we)	this hospital attended seed alive on Tale				, to	ate and have and fro	om the couses stated
OR OR PER	22b. SIGNATURE	Amford "	hlays	MB	ATTENDING PHYSICIAN	MEDICAL STAF	F L	7/13/85
TO HOSPITAL retained by the TO FUNERAL I should be detained with the State I with the State I MAPORTANT: I	220 PHYSICIAN'S N	intural Sulg	pr mp	Fr	gours Scott	Key Medical Ce	enter, Balli	more MO 21224
BP	230. BURIAL, CREMATION (SPECIFY) Burio	1 7 1	0-	Dak Lawn	Cemetery	23d. LOCATION CITY OF TOWN CAS AWOOD	Balto.	state State
DHMH - 16 50M 4/82 (VRA 15, 4)	Charles S.2	Zeiler & Son	Inc. 6224	Eastern H	Ive. 250. DAT	JL 12 1985	gold build	on August

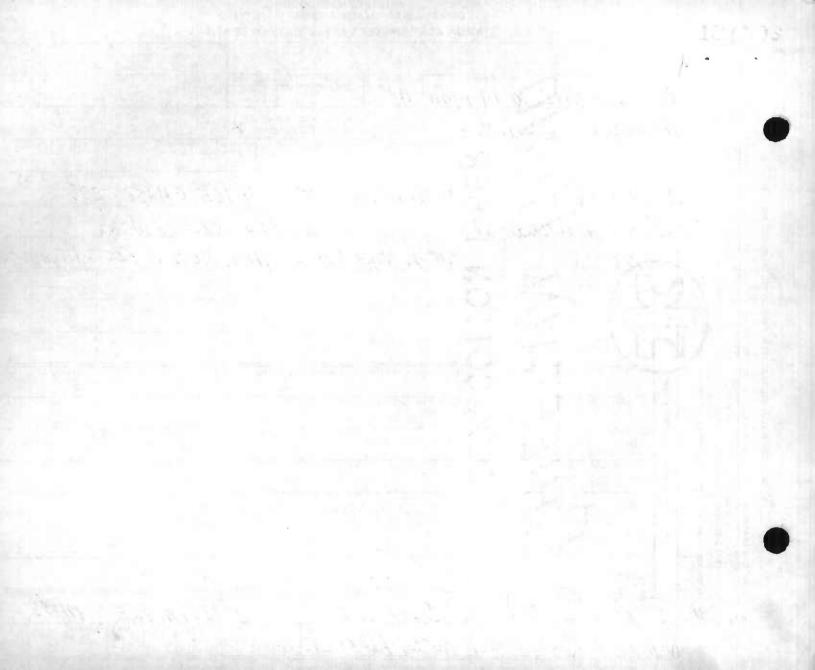
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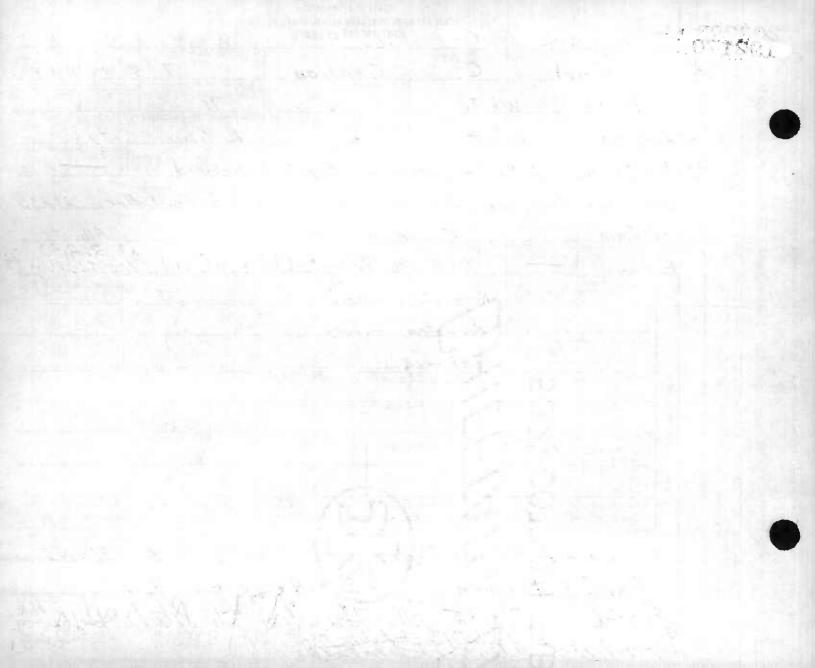
203273	1
moy be 3 fer death	1. D
oth. Page 4	70
ous ofter de	10
within 24 ho	US ¹
IMORE, MA	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filling in by the unital director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Figure: I had 3 hours and send the minimum in the state death had Mental Hygiene prior to buriol, cremotian, or removal. IMPORTANT: If hem 21 is marked or them 18 shows any injury, or other traumatic event, the mental arminimum in the HT at 10 page.	MEDICAL CERTIFICATION
To To She with MMM	23a
BP	0.4

			I	tem 14a., G-			E OF MARYLAND				
03	27	3	1-	FOR 8/9.85 / (PARTMENT OF	HEALTH AND MENTAL HYG	GIENE			1196
100	146			REGISTRAR Item #1	14, G606 C/22	CW CERTII	ICATE OF DEATH	8 RED 1	10.	9 1	28
1	m -e			OR PRINT)	MIDDLE	1	LAST	20 DATE OF DEATH	MONTH DAY		26 HOUR
P 6	page 3	25		ALET	nea	CA	AMAN		7 4	1 85	7:15 M
E	ofter o	0	3. SE	(4 RACE	5. DATE (6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
ge 4	ecto is o			Fe MALE	BIACK	MONT	30 92	93	YRS	NIH5 DAYS	HOURS MIN.
g	100	in a		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
leath	n 72	55		MD.	U.S.A.	WIDOWI		BAITO	ritu		MD
ter o	11 2	D.	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF INDUSTRY	BUSINESS OR
rs of		10		CITY	Seton Hil	ll M	ANOR	(TIPE OF WORK FOR MOST	OF WORKING [IFE]	INDUSTRY	
hau	Dis	1	USU. 13a S	AL RESIDENCE IF NURSING HOME OR			113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IB CODE		
7 24	£ 844	わり	M	arylard		imore	YES X NO	501 W. F	rankli	n St. 2	21201
rithir		1	Jet.	THER'S NAME	Talliam.	sDecours	15 MOTHER'S MAIDEN NA	ME			
o o	250	3 (3)	1	William	Daggun		Mollie	WIDDLE	G	ibson	
recut	P 4	W	fin y	AS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDR			11.7.7.
9	P004		-	VO	218-	30-7/00	Ruth Milliga	n 3510 Mary	yvale Ro	oad	
ofe L	persion	, To		18 CAUSE OF DEATH Enter on	nly one cause per line for (a),	(b.ondic					ATE INTERVAL
rhific	on po	i ven		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a)	Can	die requesting as	rest		10m	
9 4	arbo	OTIC			DUE TO, OR AS A CON						
dept	ave c			Conditions, if any, which	(b) Severe	Gener	uliue ASCUI			142	
the the	remo emo	i i		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				9	
that	by cr	10		underlying couse last.	(10)						
es .	gne on ple	, <u>y</u>		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN	N PART Ita	
requ	The Tro		LION		multip/s	o Divib	iti ultere				
Ma.	ermile Price	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDING NG CAUSES O	SS USED DEDEATH?
The cian.	sit pi		RTIF					YES NO	YES		NO 🗌
AN.	ficol fron Hy	9	-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 2)	
SICI ng p	vriol Vento	/	ICA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
PHY	this he by		MEDICAL	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE FARM ETC)	211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
NG T	After os the	D D		AT WORK AT WORK							
N To	Hea	2		220.1 certify that (I) (this hospi		-	19 95		. 19		iat (h (we) last
ATT	d for	7			view the bady after death.		nd that in (my) (aur) opinian o	death accurred an the d	ate and have a	nd fram the co	uses stated
OR h	Dep H			226 SIGNATURE	^		DEGREE ATTENDING	MEDICAL STA	EE	22c. DATE SI	GNED
ITAL by th	e det Stote			22d PHYSICIAN'S NAME (TYPE O	nzulan		PHYSICIAN [DIRECTOR PHYSI		1 1/5	1/81
OSP				14 . L . O	PRINT)		22e ADDRESS	1 7 ~ 1 V	2.01 4	1	
	shauld b	4		JALIAK Y	UNFALKIV		15014 Hay	10 Va. 19	aro. n	13.213	-14
				URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	· ·	OUNTY	STATE
BP_				BÜRTAL NERAL DIRECTOR	7/9/85	Arbutus	Memorial Par				Md.
	16 60M 7	/B4		NAME	ADD	DRESS	25a. DAT	E RECID. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	₹E enda Mt -
(VR	A 15, 4)	100	Wi	lliam C. March	F/H 1101 E.	North A	ve.	1500	7	ricon-Man	

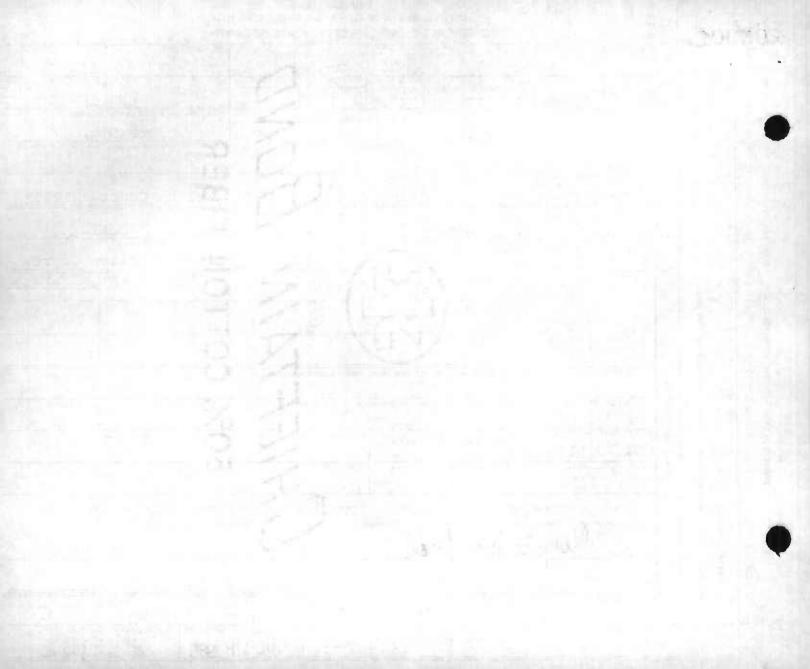


	1 It	FOR 18-22a 9/18/85 mtb F#607 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
204151	1-	STATE MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	e and only
WU LLON		CEASED NAME FIRST MIDDLE LAST TO DATE KNOWN ST MONTH	DAY YEAR 25 HOUR
*38.8.8.E.	V (IX	CAROLYN CALP CAROLYN CALP	85 10
PLEASE FILES. HOURS STREET,	3. SE	X 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 24pm
N S S S S S S S S S S S S S S S S S S S	FE	EMALE WHITE 10 19 1944 40 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 7-11-	
- 37 - 25 Z	7e. 8	SIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY	
DESCENSION OF THE PERSON OF TH	M	ARYLAND U.S.A. WIDOWED DIVORCED & Baltimore City	IM
○	4	LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	26 KIND OF BUSINESS OR INDUSTRY
A TO A TO C		Baltimore 4905 E. Chase Street	
10 CAN 30		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136, COUNTY 132, CITY OR TOWN 134, INSIDE CITY LIMITS? 13e, STREET ADDRESS	21205
T A A H D H	m	ARTIAND BALTIMORE YES NO 14 905 CHASE	51.
M H 1	HLE	ATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE	LAST
20 20 X 20 C	1140	WAS DECEASED EVER IN U. S. ARMED FORCES? 166. SOCIAL SECURITY NO. 12-NFORMANT ADDRESS	
LIM ALEGA NO.		YES, NO. OR (SIKNOWN) IF YES, GIVE WAR OR DATES) 218 143 3043 (HRISTONYIFR STEVENS 502.	S Patamac
A PANAN	-	38 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
E 68 8 8 8 4	1	PARTIDEATH WAS CAUSED BY: Fatty Liver	BETWEEN ONSET AND DEATH
DE LOS BON	1	IMMEDIATE CAUSE (o)	
A PERMIT	12	Conditions, if any, which gove rise to immediate (b)	
W WENT WAS	Ne.	cause (a) stoting the <u>under-</u> Use TO, OR AS A CONSEQUENCE OF	
ON NEW TON		(c)	
S CERTIFICATE SHOULD BE ENER RITHOS THE WOORD "PENDING" RED TO THE CHEET ANDINGS" ES SHOULD BE USED A BUIL E DEPARMENT OF HEALTH AN OID PRIOR TO BUILD CHEALTH AN	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
F WEDDING	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	376
VITAL SHOUL OHER BE USEE VIT OF H BURIAL	25	170. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A SOUTH A SOUT	E E	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 2111. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART	YES NO
SION OF V RTHCATE S NG THE WC D TO THE C SHOULD BE SHOULD BE PARTMENT		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
ISO TING	MEDICAL	214 INTERVOCCHERRED 216 PLACE OF INTERVIEW 211 LOCATION	
ANRIT ON WELL	2	WHILE ONT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK	STATE
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		220 I certify that I took charge of the remains described above, held an Autapsy K., Inspection, Inquiry, and in my opin	NA P
A STATE AND THE		death resulted from Notural causes . Accident . Suicide . Homicide . Undetermined manner .	iiGii
WARY WAR		TITLE (SPECIFY)	
PERMIT NO.	1	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED	7-12-85
DEATHER	9	EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street	
NAGE PARE PARE PARE PARE PARE PARE PARE PAR	11.	TYPE OR PRINT)ADDRESS	
,001	1	L, CREMATION, REMOVAL 236. DATE 231. DAME OF CEMETERY OF CREMATORY 236. ATION	m D'ATE
07/84 BP	2A.F	FUNERAL DIRECTOR 1 250. DATE REC'D. BY REGISTRAR'S SIG	1.1-
DHMH - 17 (VR A15 ME (5))	KA	YMIND L. KACZOROWSKI 2525 FLEST ST. THE 15 1085 Marchiden	- Condell ;





		It	ems 18-	22a 9/30	0/85 mtb				ARYLAI		CIENE				
00	Mana	1-	STATE		AAI		MENT OF H								
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	2533	M	arylan	d	U.S.	Α		WIDOW	ED 🗆	DIVORCE	D	Baltim	nore Ci	ity,	MD.
_	で単数型の	0 C	ITY OR TOWN C	F DEATH	11. NAME OF HO			, OR OTH	ER INSTITU	NOITI	12a USUAL OC		TYPE OF WORK	12b KIND OF B OR INDUS	
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9	TAMES	_	ATHER'S NAME							ER'S MAIDEN	NAME				
w	ES & SE	1	Lawren	Ce	W. (Campbe	AST A]]			earl		MIDDLE	We	lls	
WO	25000	160	WAS DECEASED	EVER IN U.S. AF	RMED FORCES?		IAL SECURITY	NO.	17 INFOR			ADDRE		110	
5	EAR BS	,,	res, no, or unknov NO	(IF YES, GIV	E WAR OR DATES)				Pea	rl Ca	mpbel:	444	Walt	on Cou	irt.
2	S SEAS			DEATH (Enter o	nly one cause per li	ne for (a) (b)	and (c)				1			APPROXIMA	ATE INTERVAL
15	O SECTION OF THE PERSON OF THE		PARTIDEA	TH WAS CAUSE	ED BY:		Seizure	dis	order					BETWEENONS	SET AND DEATH
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, y	NA N	1 3		to immediate		RASACON	SEQUENCE C)E		-					
9	BANKAN		lying cous	last.			02002/102								
18	BPASSE SERVICE		PART 2 DINER SIGN	VIEICANT CONDITION	(c) S CONTRIBUTING TO DEAT	H BILL NUT BELV	TEN TO THE TERM	NAL ONE ACT	0.0 (0.40)710	M CHIEN IN SAR				1	
0.0	EN SERVICE	Z			- CONTRIBUTION TO BEAT		TEO TO THE TERM	MAL DISEASE	OR COMBILIE	IN GITEN IN FAKI	110				
W.	TO EN AND	CERTIFICATION	19a. DATE OF C	PERATION	119h CONE	OITION FOR V	WHICH OPERA	ATION W	AS PERFOR	RMFD?				20 AUTOPS	V2
DIVISION OF VITAL	SHOULD SH	1 2													
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0	A H L S A L		UNDERLYING	OR			DAY YEAR								
Sio	SHOOT	MEDICAL	214 INTURY OF	G CAUSE OF		OF INJURY	19 (AT HOME.	21f. I O	CATION	-					
2	RETINE SCE	¥.	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ET	C.)		TREET		CITY O	RTOWN	со	YIMU	STATE
	FR: THIS CRRTIFICATE SHAPE, WRITING THE WOS ORWARDED TO THE OWN PROPERS SHOULD BE HESTATE TO SHORT OF STATE DEPARTMENT OF 21201 PRIOR TO BUILD	96	AT WORK	AT WORK											
	EXAMINER: T GERTHCATE, UND BE FORM DIRECTOR: P.	1	22a. I certify	that I taok char	ge of the remains d	escribed abo	ve, held an	Autop	у Х.	Inspection	L. Inqu	iry L.	and in my ap	pinian	
-	ME HOTE		death resulted	I from: Nati	oral causes .	Accident	L, Sui	cide 🔲	, Hami	cide .	Undetermined	I manner K	⅃.		
	385834 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		ACTUAL	May	= A	46	e1.1			SPECIFY)			DATE		
7			SIGNATURE_	1.0000	ue win	- 1 - 1	314	M	D. ASSI	istant	MEDICALE	AMINER	DATE	FD 7/16/	/85
	LE PHONE A SHOW	-	EXAMINER'S N	AME MOR	consite 7	Vana	77 M r			777	Dann C	L D-	74- ME		
	EXEC EXEC PAGE AFTER BALL BALL		(TYPE OR PRIN		rgarita A				ADDRESS_		Penn S		ITCO.ML	J.	
	10,31		URIAL, CREMATI	ON, REMOVAL	7/19/8!	_	IAME OF CEM				23d. LOCATIO		COU		STATE
07/84 25M	BP D		UNERAL DIRECT	OP	1/13/0.	KI	ng Me	mor	la1 l		Randa C'D. BY REGIS	LISTO	wn,		d .
	DHMH - 17				Inc. ADDRE	មិល1 ច	Nort.	h As	0				TOISTRAK'S S	JIGNATURE	
	(VR A15 ME (5))	AATI	CMar	CII F/H	THE. I	TOT E	TAOT C	TY V	· ·	JUL	1 8 196	15 Law	ALWALADA	m_ (Handa)	00_

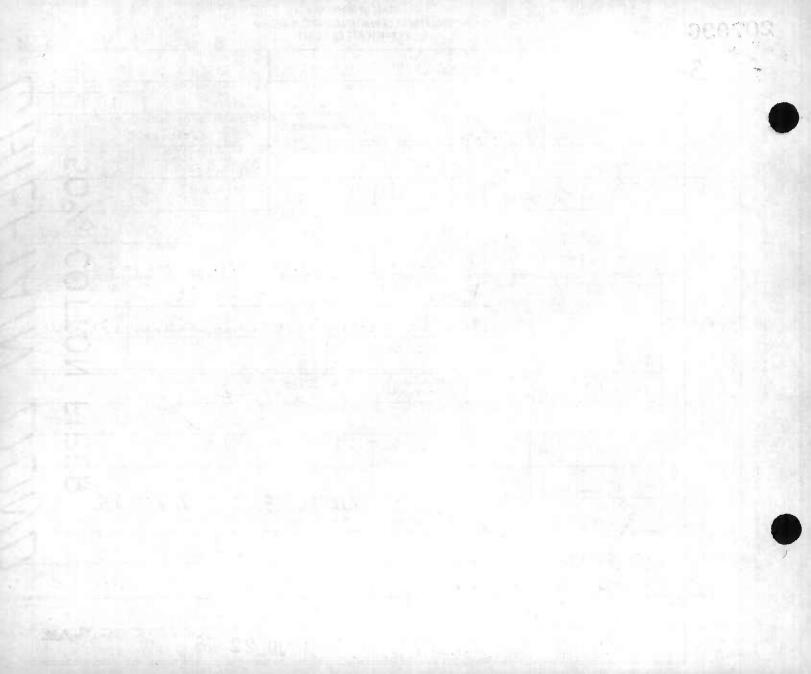


CERTIFICATE OF DEATH	GIENE 8 reg <mark>30</mark> 0.
LAST	20. DATE OF DEATH MONTH

7096	,	FOR	DEPARTA	STATE OF MARYLA MENT OF HEALTH AND M		ENE		
1036		STATE REGISTRAR		CERTIFICATE OF D		8 REGINO.	1913	
n= 2		CEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR	
2	1/58	JESSIE	IRENE	CANNO 5. DATE OF BIRTH		July 21, 1	985 12 Noot	
n offer	1.00	Female	White	October 25,		94 YRS.	MONTHS DAYS HOURS MIN.	
23		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER M	ARRIED -	Baltimore City Baltimore City		
1		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / St. Agnes Hosp	G HOME OR OTHER INST		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OF	
F 2 2	050	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE			Housewife	Own Home	
133		Maryland Balt	imore Catonsvi	lle YES	NO X	13e STREET ADDRESS / ZIP COD 109 Garden Ri	e .dge Road 21	
130	2	THER'S NAME FIRST Ernest	A. Wolf		MAIDEN NAM Isabell		Dillworth	
200		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMAT	VT	ADDRESS		
-		No	213-74-4	4529 Edmund	d A. Eh	att Jr. Same	as # 13	
physics npoper movol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	ly one cause per live for (a), (b), and D BY:	Mande	7	alure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ligned by the attent her please emane co to burial, cremation o qury, or other trauma	NO	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OP AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING OF	NCE OF	lop range	DISEASE OR CONDITION GI	VEN IN PART Tra	
permit her prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
of Home	DOM: N	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	TURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18		
the bury	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	21f LOCATIO STREET	N	CITY OR TOWN	COUNTY STATE	
TOR AP for use of of Health			toli attended the deceased from	, and that ih (my) (, 19(aur) apinion d	eath occurred an the date and ha	19_35, that (I) (we) la	
roched e Dept.		The SIGNATURES	view ine code gave decire.	DEGREE	TTENDING	MEDICAL STAFF	7/22/85	
7 2 2 2 2	1	THE PHYSICIPALS NAME (TYPE C	RABINITY -	22e. ADDRESS		DIRECTOR PHYSICIAN	21228	
A PORT		James McPhil	llips M.D.	5550	Baltin	more National Pi		
n 0 = a =								

DHMH - 16 60M 7/84 (VRA 15, 4)

1630 Edmondson Avenue, Catonsville, Md. 21228



204113

STATE OF MARYLAND

EP	ARTMENT	OF	HEALTI	HAND	MENTAL	HYGIEN
	CE	RTI	FICAT	E OF	DEATH	

	1	FOR	Di	EPARTMENT OF H	IEALTH AND MENTAL HYGI	IENE	
	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 R5 NO.	9 1 3 3
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
2	11176	Durly	(Verley)	Ca	pers	7:	3 85 /2 PM
1	3. SE)		I. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		temale !	Black	MONTH	DAY YEAR	7 4 YRS.	MONTHS DAYS HOURS MIN.
90	7a. B1	RTHPLACE (STATE OF FOREIGN 7	'S CITIZEN OF WHAT COL	UNTRY? 8	- 1 15/50 20/50	BALTIMORE CITY OR COUNTY	OF DEATH
1	S	with Cerolina	USA	WIDOWE	D NEVER MARRIED DIVORCED	Raltimor	ecity MD.
	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10	K	a timore	Luthe	ran H	OSPITAL		T, I II O O O T K . T
2		AL RESIDENCE (IF NURSING HOME OR C		OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /~ZIP CODE	
3	1	YId.	- ba	timove	YES NO		110 Ave 2/21
	14 FA	THER'S NAME	NDDLE L	LAST	15 MOTHER'S MAIDEN NAM		
0		James	McPherson	IA31	Liza	Prince	LAST
1		VAS DECEASED EVER IN U.S. ARA		AL SECURITY NO.	17 INFORMANT	ADDRESS	
	()	(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 800-0	2-7760	Rosalee Tatu	m 1945 W. Fayett	e St. (23)
-		18 CAUSE OF DEATH (Enter and	y ane cause per line far (a)	, (b), and (c)		400.00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (o)	CARDIO	DESPIRA	Mary APPLEST	
	-	Conditions, if ony, which	(ıb)	PNE	TUNON/A		
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A COL	NSEQUENCE OF			
		underlying cause lost.	((c)				
	_	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART TIO
	ō					7	
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YING CAUSES OF DEATH?
6	RTIF					adi:	S NO
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART OR PART 2)
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	4ED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	~	AT WORK NOT WHILE AT WORK					
		22a.t certify that (1) (this haspite	al) attended the deceased				19, that (f) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did not	view the bady after death	, ai	nd that in (my) (aur) apınıan d	leath accurred an the date and hou	r and fram the causes stated
	13	226. SIGNATURE			DEGREE	MEDICAL STAFF	22c DATE SIGNED
		demi	A ms.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/3/00
1	-	22d. PHYSICIAN'S NAME TYPE OR			22e ADDRESS		
1		LEBUUINA	cut	-10	L41146	RAN 10 SPL	125
	23a B	SPECIEVE	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	,	Burial	7/8/85	Cedar F	Hill Cem.	Brooklyn A	. A. Md. STATE

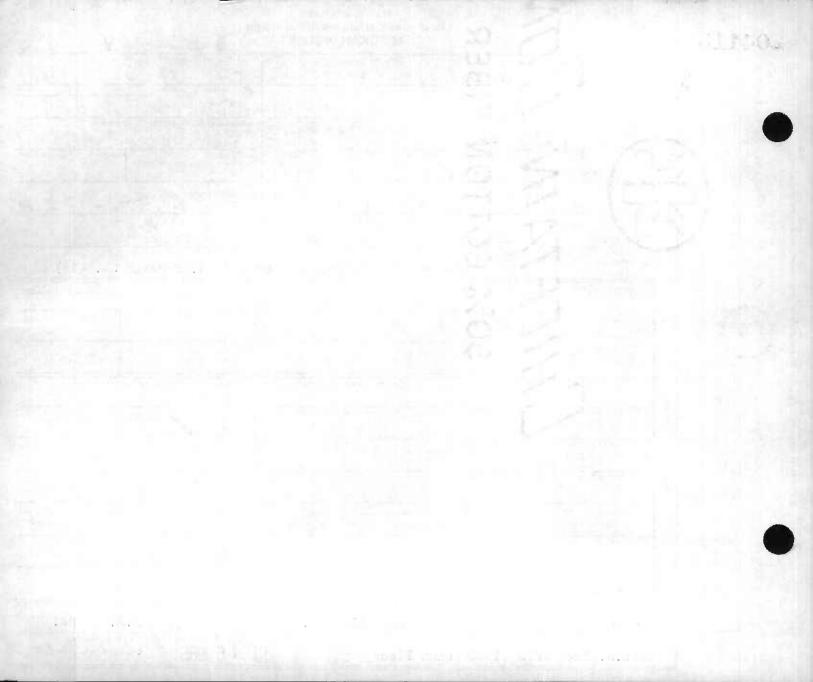
DHMH - 16 60M 7/B4 (VRA 15, 4)

7/8/85

Brooklyn

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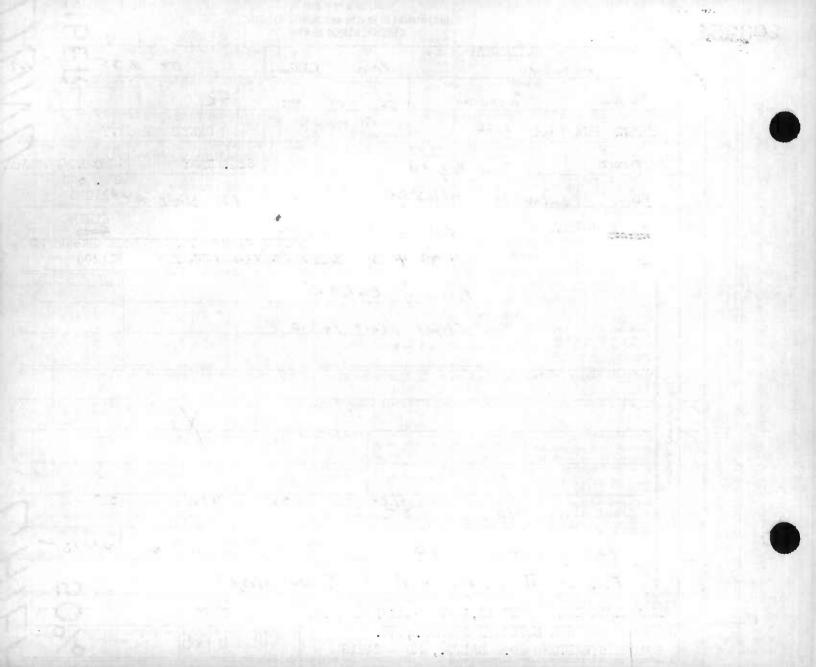
24 FUNERAL DIRECTOR
Chas.A.Rice FSPA 1300 Eutaw Place



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ND 21201		
MARYLA		
BALTIMORE		
PRESTON ST.,		
201 W.		
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212		
DIVISION OF V		

		1					STATE (OF MARYLAND						
		١,	FOR			DEPARTM	ENT OF HEA	ALTH AND MEN	TAL HYGIE	NE				
		L	- STATE REGISTRAR	Sophie	Carter		CERTIFIC	ATE OF DEAT	TH	S REG	NO.	9 1	3	4
1921	51		ECEASED NAME	FIRST	WIDDI		LAS	ī	2	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R
3 8 5	1	-	PE OR PRINT)	SUAHir	3		CR	myon		67/061	85	- F	94	2-M
mo)	//	3	SEX	4	RACE	,	5. DATE OF	BIRTH	VE AD 6	AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 2	24 HRS
ctor s of			tem	ALE	BLAC	:K	12	25	97	8	YRS.			
A Po	32	7a.	BIRTHPLACE (ST.	ATE OR FOREIGN 76	CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MARE	RIED -	BALTIMORE CITY	OR COUNTY	OF DEATH		
deat	30		Ma.		111.	2	WIDOWED			DAHII	DORE	CTY	- 01 IS N IS	MD.
1 21/	1/	10	CITY OR TOWN C	F DEATH	. NAME OF HOSE	ILITY, GIVE STREET		OTHER INSTITUT		TYPE OF WORK FOR MOS	ATION STOF WORKING LIF	12b. KINO O INDUSTRY	L BUSINE:	55 OR
6	7:4	4	Alli MO	RE IF NURSING HOME OR OT	LUIN	ERAN RESIDENCE BEFORE	110	SPITAL				1011	110	
(Party	35	13	md.	13b COUNTY	130	SALTIM		34 INSIDE CITY L	_	3. STREET ADDRESS	S/TOCOP	1R 3	TREE	ET
1	1	14	FATHER'S NAME	MID	DUE	_LAST r	1	5 MOTHER'S MA	AIDEN NAME	WIDDLE	. /	JAS	V	
2 65	00	1	Phill			Tabb		min	nnie		-3	Tal	6	
ĕ 70 ĕ 8	dic ()	160	WAS DECEASED	EVER IN U.S. ARME		SOCIAL SECU	RITY NO.	7. INFORMANT	11/2	1' + ADI	DRESS	11/1-12	i	101
s. Po	13	L	NO		4	9-20-6	0206	HHEN	WAS	Shinglow	1115	WICKI	OW	Ka
ficote physici poper	int, th		18 CAUSE OF PART I. DE	DEATH (Enter only of TH WAS CAUSED E	one couse per line 3Y:	for iai, ibi, one	101 10	20.1	0 -	Que	in led	BETWEEN	MATE INTERV	DEATH
ng F	c eve		1000	IMMEDIATE	CAUSE (o)	CIV	car je	2		wsc	,000			
endi e cor	- HO		Car Para a		DUE TO, OR AS	A CONSEQUE	NCE OF	& reen	met					
e de ott	trou		gove rise to	ony, which immediate	(b)			1.						
by th			couse (0), underlying		DUE TO, OR AS	A CONSEQUE	NCE OF		_					
ned b			PART 2 OTHE	R SIGNIFICANT CO	NDITIONS CONTI	RIBUTING TO E	DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CO	ONDITION GIV	EN IN PART III	0	
equire n sign		2												
bee	à C	CEBTIEICATION	190 DATE OF C	PERATION	196 CONDITION	V FOR WHICH	OPERATION	WAS PERFORME	ED	20a AUTOPSY?		, WERE FINDIN		
he li ion.	0 0	1 1 1								YES NO			NO [_
hysici icote ronsi	18 5			G CAUSE OF DEATH	116. TIME OF IN	JURY MONTH DA		21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF H	NJURY IN ITEM 18 P	ART 1 OR PART 2)		
SICIA ng pl	liem /	3	(IF EITHER NOT	FY MEDICAL EXAMINER)	P.M.		19							
PHY endir	o o	MEDICAL	21d INJURY O		21e PLACE OF II			211 LOCATION STREET		CITY OF	NWOTS	COUNTY	51	TATE
NG of the state of	orke		WHILE AT WORK	NOT WHILE AT WORK	111111111111111111111111111111111111111		40	0106		71	# 101			
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ATT OSDIT BCTC d fo	m 2	1		(we) (did) (did not)		r deoth.		GREE	r / Opiniari de	sam occurred an inc	adre and nao	226. DATE		irea
AL OR the high	<u></u>	I	226. Shamail	2	7 m		Ot	ATTE	NDING SICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN	07	106	10
HOSPII ned by FUNER	2	1	22 PHYSICIA	S NAME (TYPE OR F	Aw	The-		22e ADDRESS	Su	- Ho	sput	2.		
of of short	3 3	23	BURIAL, CREMA	TION, REMOVAL	23b. DATE	23c. N	NAME OF CE	METERY OR CREA	MATORY	23d LOCATION		COUNTY		1475
BP			BULLA		7-10-	85 Be	thel &	Barcho	CEMETA	Glouce	ster		U	A.
DHMH - 16 50M	4/83	24	FUNERAL DIRECT	OR A	91 11	ADDRESS		Balt	250. DATE	RIC'D. BY REGISTR	AR 256 REGIST	RAR'S SIGNAT	Manda	982
(VRA 15, 4))	14	Jm C.	Merson	t.H.	101E	Norti	Afre	16/10	L 0 9 198	3			1

PURCE The state of the second 7-16-25 Bulled San Class charge loverster Land California The Hotel The Chair William Colored



p	ART	MENT	OF	HEA	LTH	AND	MENT	AL	HYG
		CF	RTI	IFIC	ATE	OF	DEAT	H	

- STATE REGISTRAR	DEI ARTH	CERTIFICATE OF DEATH	REC NO.	19	1 3 6
1. DECEASED NAME FIRST (TYPE OR PRINT) Maximil	ian F.	Carozza		DAY YEAR	26. HOUR
Male Male	4 RACE White	S. DATE OF BIRTH Sept. 6, 1909 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a BIRTHPLACE ISTATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY City	OF DEATH	WD
Baltimore	11. NAME OF HOSPITAL, NURSIN 6028 Loch Rav		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Dentist		F BUSINESS OR

	NG HOME OR OTHER INSTITUTION		
Md.	136 COUNTY	Balt:	imore

MIDDLE

IMMEDIATE CAUSE to

13d. INSIDE CITY LIMITS? YES T NO 15 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 6028 Loch Raven Blvd. 21239

4. FATHER'S NAME Frederick

Carozza

Amelia 17 INFORMANT

ADDRESS

Jorio

160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN)

LIFYES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO.

Mrs. Annina C. Carozza ves 212-18-3080 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF METASTATIC DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CANSIO PULTONANI

Adesocarcinoma

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

~	
CERTIFICATI	190 DATE OF OPERATION
CER	21a. ACCIDENT WAS UNDERLYIN
CAL	OR CONTRIBUTING CAUSE
MEDICAL	21d. INJURY OCCURRED

CCIDENT WAS UNDERLYING 21b. TIME OF INJURY ONTRIBUTING T CAUSE OF DEATH

HOUR A.M. MONTH DAY

NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

THER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT HOME STREET, FACTORY OFFICE, FARM ETC)

21a PLACE OF INJURY

211. LOCATION

and that in (my)

CITY OF TOWN

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an obave. (i) (we) (did) (did not view the body after death.

our) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

22h. SIGNATURE

DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

22c DATE SIGNED

John Ketting

22e ADDRESS

Johns Hopkins Hospital Baltimore, Maryland 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY COUNTY

Entombment

Aug. 2.1985 Lorraine Park

Woodlawn 250 DATE REC'D. BY REGISTRAR 256 REGIS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc, Baltimore, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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Utvorze sine	.9 enium .em	OROF-BI-	e 10	1:01
capital "altimore, Marylan			.un galda	
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					STATE	OF MARYLAND				
	1	FOR STATE		DEPART	WENT OF H	EALTH AND MENTAL HYG	IENE			
210151		REGISTRAR 7-31-80	item :	13a-e L.	J CERTIF	CATE OF DEATH	REG. N	0.] (9 1	3 7
		CEASED NAME EIRST	7 200 111	MIDDLE	LA	ST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
may be poge 3	(TYPE	BABY BOY			CARA	ENTER	6	14	85	11:55 PM
you pog	3. SE		4 RACE		S DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
ge 4 r		M	Blas	ck	MONTH	DAY YEAR 85		YRS.	HS DAYS	3 20
Pod pod		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	CALAL TO
in 72	(C MALINDO	us		WIDOWE	DIVORCED	BALTI	MURE	(;+	- MD.
of the d	10. C	TY OR TOWN OF DEATH				ROTHER INSTITUTION	12a. USUAL OCCUPATI			BUSINESS OR
201 Softe Filed y		BALTIMORE	(IF NOT IN SUC	PIFACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	NDUSTRY A	1/A
D 212		AL RESIDENCE HE NURSING HOME OF				124 INICIDE CITALIBRATES	LA CYPEET ADDRESS	ZID CODE		
ND 24 P	130 3	MD	411	13 CITY OR TOW	IMORA	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS	Jarrison	212	15
tely tely 2 sho	14_FA	THER'S NAME			1	IS MOTHER'S MAIDEN NA	ME			
AR W		FIRST	WIDDIE	ŁAS1	STEP 12	FIRST	MIDDLE	0	12 06	NTER
N. at a second	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRE		MKIE	01010
BALTIMORE, MARYLAND 2120 rice be executed within 24 hours clon and completely filled in by ers. Pages and 2 should be fill els.			E WAR OR DATES			7, 11, 5, 11, 11, 11, 11, 11, 11, 11, 11,				
LTIA ion irs. P				1				1 1	APPROXIM	ATE INTERVAL
8 8 8 P		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per DBY:	line factal (b), an	dichi	1.	70-21	0.	BETWEEN OF	NATE INTERVAL
E 6 000	10		TE CAUSE (0)	J- hn. o	na 1	certy	20-24 Lue	ever		-
PRESTON ST.	16	400	DUE TO, O	R AS CONSEQUI	ENCE OF	/ 7	- /			
EST DE LEST	130	Conditions, if ony, which	(b)_	TRE	mal	ure L	-abab		-01/6	
a. 1 1111	-39	gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUI	ENCE OF			5 1 5 1		
Tw.		underlying couse last	(tc)_						100.23	
201 the part of the part of th	-0	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART Ito	
RDS	N O			T	5					
0 1 1111	CATI	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDING	GS USED
LA STATE	Ĕ	THE REAL PROPERTY.					YES TO NOT	YES	CAUSES	NO C
III TO SERVICE STATE OF THE PERSON SERVICE STATE OF THE PE	CERTIF	210, ACCIDENT WAS UNDERLYING			- 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T	OR PART 2)	
40 34 THE	CAL	OR CONTRIBUTING CAUSE OF DE	NIN .	M. MONTH D.	AY YEAR					
ON GENERAL SERVICES ON SERVICE	200	21d. INJURY OCCURRED	21e. PLACE		1.3	211 LOCATION		100000		
DIVISION OF VITAL RECORDS, INC. PHYS.C.(AN): The Exemplain ordereding physician beautiful the rine certificate has been significant from the based Meeting Hygiene print. The intend Meeting Hygiene print is districted for frem 18 shows any injury.	MEDI	WHILE NOT WHILE	(AT HOME, STI	REET, FACTORY, OFFICE, F	FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 213049 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWN X DECEASED NAME (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS W PRESTON STREET, DEATH MATED Herbert William 26/19 85 Carter 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Black. 22 45 40 DEAD YRS 26/19 85 AM PR BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COLINTRY USA WIDOWED DIVORCED Baltimore City, O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! 1710 Greenmount Ave. Baltimore rear SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI BALTIMORE, MD, 21201 136 COUNTY 13d. INSIDE CITY HMITS? 13e STREET ADDRESS Baltimore 1429 Stromeyer Way YES X NO [] 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lenard FIRST Carter Janet Roberts 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 215-42-1123 Deborah Williams 1429 Stromeyer Way APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: Fatty Liver IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF CREMATION, O lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SA CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI YESX NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 E 3 SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY THE PETER DEATH WITH THE STATEMORE, MARYLAND, 2 Autopsy X 220 I certify that I took charge of the proving described above, held an Inspection and in my opinion Inquiry death resulted from Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/26/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 7/31/85 Westview Mem. Pk. Cremation Baltimore Co. MD 07/B4 BP 25M 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5))

.1 Penn St.

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STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN

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BRITHPAGE BALLIMORE OF MATECOUNTRY		- 1	4. RACE		6. AGE (IN YEARS LAST BIRTHDAY)	
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Note 196 Date of Operation 196 Condition for which operation was performed 200 Autopsy? 200 If yes, were findings used in certifying causes of Death?		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19		6/3/83		a sal corra	13376 - E.	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED WHILE AT WORK NOT WHILE 220. I certify that (I) (this haspital attended the deceased from above, (I) (we) (idid) (idid not) view the body attended th. 220. I certify that (I) (this haspital attended the deceased from above, (I) (we) (idid) (idid not) view the body attended th. 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN D				AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PAR1 OR PART 2)
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220. I certify that (1) (this haspital attended the deceased from 5/8, 19/5, 10/2/4/19/8) that (1) (we) saw the deceased alive an 7/2/4 19/8 and that in (my lour) opinion death accurred an the date and hour and from the causes stated obove, (1) (we) (idid) (idi		WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE P	ARM ETC)	CITORIOWI	STATE
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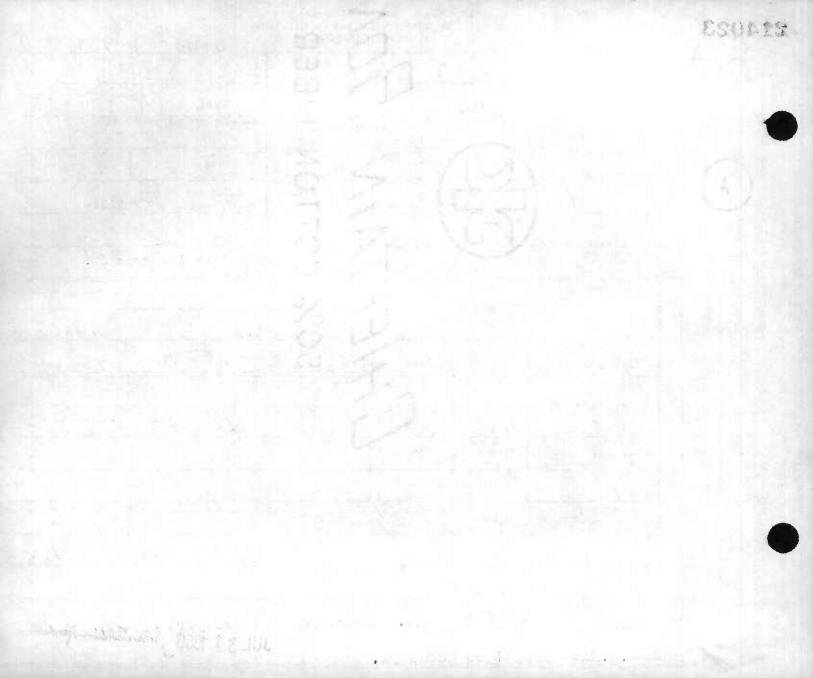
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24 FUNERAL DIRECTOR Chas.A.Rice FSPA 1300

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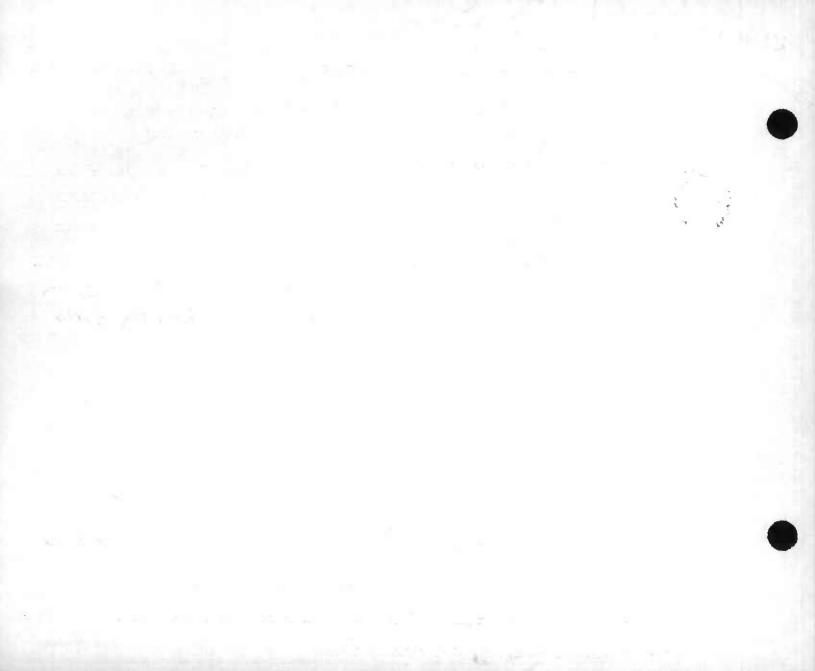
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Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

24 FUNERAL DIRECTOR

AUG 2

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE who Daydson Jandade



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 192011 1. DECEASED NAME FIRST DATE KNOWN (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, Joseph Cassar 19 85 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY PRONOUNCED 6PM 26 DEAD 34 51 Male White 6 YRS 1985 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S. TX. WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore 5709 Harford Road Attendant Gas Station USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 134 COUNTY 13d. INSIDE CITY LIMITS? 106 STREET ADDRESS 13¢ CITY OR TOWN Md. Balto. 5709 Harford Rd. 21214 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Unkn. 216-30-1154 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 11 LOCATION EXECUTE THE CERTIFICATE WRITH PAGE 4 SHOULD BE FOR MARIE TO FUNERAL DIRECTOR: PAGE A FIER CEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide Undetermined monner death resulted from Notural causes Suicide L ACTUAL Assistant 7/2/85 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St. 111 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Removal 7/9/85 07/84 BP 750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 74 FUNERAL DIRECTOR **DHMH - 17 ADDRESS** Balto., Md. Anatomy Board (VR A15 ME (5))



23b. DATE

hanel-Annapolis,

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c. NAME OF CEMETERY OR CREMATORY

IF UNDER 1 YEAR

INDUSTRY

Same as

YES [

COUNTY

22c DATE SIGNED

12b. KIND OF BUSINESS OR

21401

NO [

DHMH - 16 60M 7/84

(VRA 15, 4)



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	E 25.58	3. SE			DATE OF BIRTH	6. AGE IN		DER I YR. IF UNDER	24 HRS. 2c. DA MIN. PRONO		MONTH DAY	YEAR 2d HOU
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	5 50 50 G	13a S	AL RESIDENCE (IF IN N). TATE	NA COUNTY	HER INSTITUTION, GIV	130 CITY OR TOWN	510N)	1138. INSIDE CITY LIMITS?	13e. STREET ADD	RESS		21220
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	HOULD BE RED "HOULD BE RED "FENDI HEF MED "FENDI OF HEALTH OF HEALTH OR HEALTH CRE'	MEDICAL CERTIFICATION										
	A FEET STATES	3	190 DATE OF OPER	ATION	196. CONDIT	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20 /	AUTOPSY?
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	ON O THE CANADA ON O THE CANADA ON THE CANAD	¥	UNDERLYING X	OR CALISE OF DEA	6:15PM	14-85 E	PAR pas	ssenger of	an auto	out of	control	
	CERTIFICATION DED TO THE STAND	S	21d INJURY OCCUR		21e PLACE O	17	2100	larided with	another	· vehicl	e	
	DIVIS FER: THIS GER CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP ND: 27201 PR	M	WHILE NOT	WHILE XX	STREET, FACTO	eet etc.)	Jai	rretsville	Pike&De	anev Va	111eynRd	I.Balto: Co
	- HAPAET	0.0	AT WORK AT W	/ORK	30.							Maryland
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR: PAFIER GEATH, WITH THE SIR BALTIMORE, MARYLAND 2		22a. I certify that	I took charge of	the remains desc	ribed obove, held on	Autop	sy , Inspection	X Inquir	y , ond	In my opinion	
	NE E E E	5	death resulted from	n: Natural co	ouses .	Accident X	Suicide	Homicide	Undetermined	monner .		
	EXAM CERTION BOIRE WITH WATH		8311 - 116 -	Al a	1 1			TITLE (SPECIFY)				
	a DECLE		ACTUAL	Mou	yere I'c	1 you		. Assistan	+		DATE SIGNED	5-26-85
	ZHX ZHZ	1	SIGNATURE		1 00	fre v					SIGNED	, 20 00
	SE S		EXAMINER'S NAME	Marq	arita A	. Korell,	M.D.		Penn Str	reet		
	A PET	-	(TYPE OR PRINT)					ADDRESS				
	-mr-dm/	230.B	URIAL, CREMATION,			23c. NAME OF C			23d LOCATION CITY OR JOWN Bal	+ 1	COUNTY	STATE
	07/84 BP		Burial	0-2	28-85			metery				
	DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS			250. DATE R	EC'D. BY REGISTI	RAR 25 REGIS	TRAR'S SIGNAL	Handell
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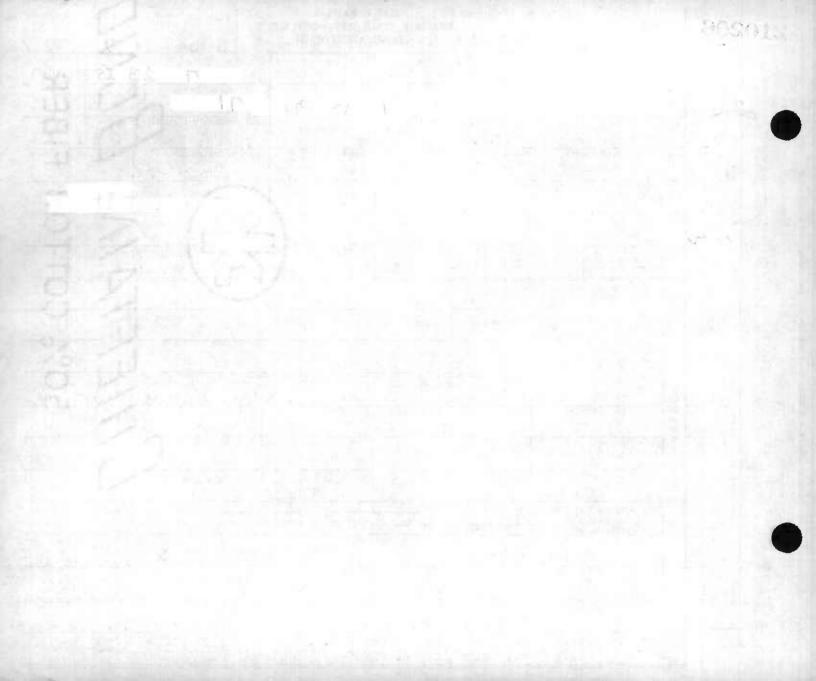
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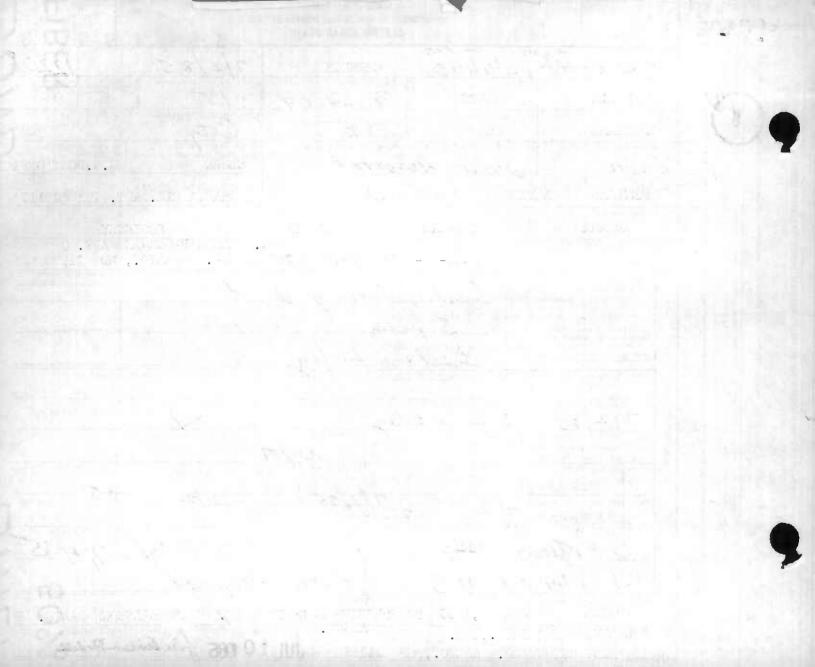
STATE OF MARYLAND

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	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificatii is executed afting a hours after death. Page 4 m ined by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physicall and committee the transfer of the transfer
	AL	AL
	SPIT	ZER.
	O P	P. P.

				STA	TE OF MARYLAND			
06	1-	FOR STATE PORFOT	LEE CHAPPEI		HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE		
	Line		MIDDLE CHAPPEI	JL CERTI	FICATE OF DEATH	REGIO.	1 9	14/
		ORPRINT) RELEASED	LE	EE CL	LASI	JULY 23,		26 HOUR
DV.	3. SE.	Kobert	4. RACE	C 1/0	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		R IF UNDER 21 HRS
	3. 3E	Mala	white	MON.	H DAY YEAR		MONTHS DAY	
2	la Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA		uary 13, 1914	.71	YRS.	
-		ountry) rginia	U.S.A.	MARRI	ED NEVER MARRIED	1 0 11		1
1	Service .	TY OR TOWN OF DEATH		WIDOW	DIVORCED X	120 USUAL OCCUPATION	,	OF BUSINESS OR
1	K	altimore	(IF NOT IN SUCH PCH	LITY GIVE STREET ADDRESS!	107,1	Dock Worker	KING LIFE) INDUSTR	Y
20	USU.	L RESIDENCE (IF NURSING TOME OF						DOCK
35	130	Ann		CITY ORJOWN Clen Burnie	YES 1 NO K	223 Cherry		1061
17/	4. F.A	THER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA		Dane, D	2002
40		Unknown	MIDDLE	unknown	unknow			unknown
6		AS DECEASED EVER IN U.S. A	MED FORCES? 166 S	SOCIAL SECURITY NO.	17 INFORMANT	10514 Greens		Circle
f		Yes (IF YES, G	40	0-09-4562	Edward Young	Columbia, Md		
		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	nly one cause per line f	or (0), (b), and (c)	Tr		APPRO BETWEE	DXIMATE INTERVAL NONSET AND DEATH
			TE CAUSE (0)	MOCORDIA	Lataretia			
			DUE TO, OR AS	A CONSEQUENCE OF				
		Conditions, if any, which gave rise to immediate	(b)					
		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART	lia
	ON O	Stroke Ry	nal fail	R. HTN	, Decubitus	ulcers , Supr	restrial	or lack.
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPS 200	. IF YES, WERE FIND CERTIFYING CAUSE	INGS USED
4	RTIF					YES NO	YES 🗍	NO 🗌
3		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJ	ury Month day year	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19	100 100 1715 1			
	MED	21d. INJURY OCCURRED	21e PLACE OF IN	JURY CTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	ital) estandad tha 1		17- 50		130	1
		220.1 certify that (1) (this hasp saw the deceased alive a	7/1/2	19	nd that in (my) (our) apinion	death occurred on the date o	nd hour and from th	i, that (I) (we) last
		abave, (I) (we) (did) (did ni 22b. SIGNATUR	view the body ofter	death.	REGREE			E SIGNED
		Melas		No M.	ATTENDING	MEDICAL STAFF	VIII	23/81
-		224. PHYSICIAN'S NAME (TYPE	OR PRINT		22e ADDRESS	DIRECTOR PHISICIAN	9 1 11	43193
		MICHAES	- H. ZX	LVH	MERCY	NOGELLUS	SUCT	Marc Mg
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF	EMETERY OR CREMATORY	23d LOCATION	1	
		urial	7/25/85	Mt. Cal	vary Cemetery	Brooklyn Par	rk A.A.	Maryland
	Le	MANA MRECTOR Russe	1 C. Witzk	e Funeral H	lomes P.A. 250. DAT		REGISTRAR'S SIGN	TURE OF
	22	55 Twin Knolls	Road, Colu	mbia, Md. 2	1045	L 2 5 1985	Chander 1	
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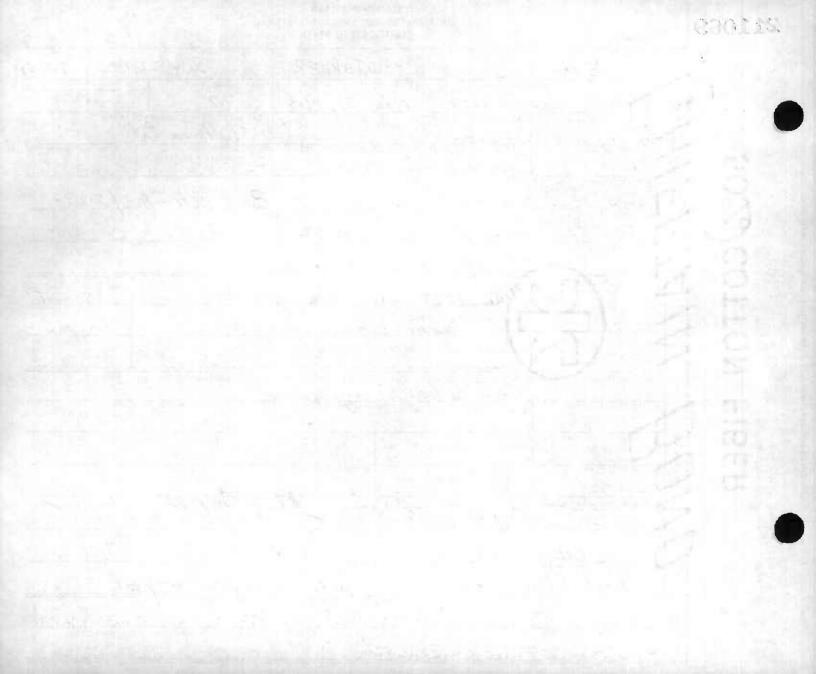
6010 REISTERSTOWN RD. BALTO, MD 21215



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JIMIL OF MARTLAND								
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE			

	1			STATE OF MARYLAND		
1069	1.	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL HY	GIENE	
		REGISTRAR		CERTIFICATE OF DEATH	REG NO	19149
. 18		CEASED NAME FIRST	WIDDLE	O 1 1 AST		ONTH DAY YEAR 26 HOUR
r deoth	(117	Evan	D.	CHRISTOPHER	Jul	y 22,1985 7:25 RM
	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
	1	male	Caucasian	May 31. 1913	72	YRS MONTHS DAYS HOURS MIN.
21	7a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
27	10	ARULANO /	U.S.A.	WIDOWED DIVORCED	Battheo	re City, MD.
2/1	18 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	
120	1	apphore	Good Saman	- I have "- I - I	PAINTER	KRAFT CO.
131	13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEI		13 STREET ADDRESS /	ZIP CODE 4
0.92	1.14	ARYLAND BAI	TIMUR PARK	YES NO X	G805 Vict	ory Ave / 21234
船也	n	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	O IAST
Coll	$V \setminus$	lictor &	. CHRISTO	PHER ALMA	B.	DOUGLAS
dico 1		VAS DECEASED EVER IN U.S. AI		1/1200 11 .11/	ADDRES	S
Bedi	14	P P	VEWAR OR DATES) 217/01	16109 Hospital Clan	i D	
ent, the	10	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b),	ond ice	, 1,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even			TE CAUSE (o)	Te unocardial ins	arction	15 minutes
offic	-		DUE TO, OR AS A CONSEC	DUENCE OF /		101
roum	-	Conditions, if any, which	(b) Sep	tic shock		1 d hours
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
r other		underlying couse lost.	(c)			
lury, o	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE JER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110
- in -	CERTIFICATION	M = 3 = 2 = 2 = 2	Dyfuse hest	ioaytic lymphon		
and of	CA	190. DATE OF OPERATION	106 CONDITION FOR WHI	CH OPERATION WAS DERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Hygiene 18 shows	E E				YES NO	YES NO
18 J		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
r Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
_ 0//	WED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
orked		AT WORK NOT WHILE		2 1 1 2	1 - 1.1.	
.s.	-		tal) oftended the deceosed from	0, 11	to July o	19 85 , that (I) (well ast
n 21			of view the bedy ofter death.		death occurred on the dat	e and hour and from the couses stated
If Her	-	22b. SIGNATURE	1/1	DEGREE	AAEDICAL CTAEE	221. DATE SIGNED
		Mu	I Clean, ma	ATTENDING PHYSICIAN	MEDICAL STAFF	an 7/22/85
RTAN		22d. PHYSICIAN'S NAME (TYPE)	1 .1 1	22e. ADDRESS	- 1	11 2 - 2
with the St		Taul G	hang, ma	Good of	amenton 9	Josephal
> =	23a	BURIAL, CREMATION, REMOVAL	. 23b. ØATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY CO STATE
	13	URIAL	1387188740U	MARKWOOD LEM.	MARKVIL	15 BALTO- DARYLAND
60M 7/B4	24 F	UNERAL DIRECTOR	ADDRES	8800 RUAD 250. DA	TE REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE
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STATE OF MARYLAND

PEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE						
CEI	RTIFICATE	OF DEATH							

REGISTRAR		Mark Server	CERTIFICATE		Ö	REGINO.	1	7	2
I DECEASED NAME FIRS	ST M	IDDIE	LAST	= 1	20. DATE OF	DEATH MO	ONTH DAY	YEAR	2b HOUI
LAVEL	LA		CHRIST	OPHER			131	85	1.0
3 SEX	4 RACE		5 DATE OF BIRTH	DAY YEAR	6. AGE INYEA	ARS LAST BIRTHO		JNDER I YEAR	HOURS
FEMALE	7	LACK	1 05		5	6	YRS		
Ja. BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF W	VHAT COUNTRY?	MARRIED NI	EVER MARRIED	9 BALTIMOR	E CITY OR	COUNTY O	PEATH	
Maryland	U. S		WIDOWED	DIVORCED [E CITY		
10 CITY OR TOWN OF DEATH		OSPITAL, NURSING		RINSTITUTION	120 USUAL OF			12b. KIND O	F BUSINE
BALTIMORE		AN HOSPIT		0 11.	CUSTO	DIAN		BALTO	• SCF
130 STATE 130		GIVE RESIDENCE BEFORE ALL 13c CITY OR TOWN		SIDE CITY LIMITS?	13e STREET AL	DDRESS / Z	IP CODE	107 W	heele
MARYLAND .		BALTIMOR				more,	Maryl	and _	141
14 FATHER'S NAME	MIDDLE	LAST	100	THER'S MAIDEN NA	WE	MIDDLE		LAS	1
Augustus		Bailey		Rose				Har	
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF	ES GIVE WAR OR DATES)	166 SOCIAL SECURI		ORMANT			Tucke		
No.		212-26-88	46 Ms.	Lavella	Sutton	Balt:	imore,		2120
Conditions, if any, whit gave rise to immedia cause (a), stating the	te be DUE TO, OR	AS PONSEQUEN AS A CONSEQUEN	moun	Q -		4			
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Conditions, if ony, whis gove rise to immedia cause (a), stating it underlying cause lo PART 2 OTHER SIGNIFIC RELIA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR the best of the be	AS CONSEQUENT OF THE PROPERTY	CE OF A CONTROL OF	PERFORMED	200 AUTOP	PSY? 2 NO	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	GS USED OF DEAT
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Conditions, if ony, whis gove rise to immedia couse (o1), stating it underlying cause lo PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EX. 22a. I certify that (I) (this sow the deceased of above, (I) (we) (did) (c. 22b. SIGNATURE	DUE TO, OR the he DUE TO, OR st. (c) ANT CONDITIONS CO I 9b CONDIT NG 19b CO	AS CONSEQUEN AS CONSEQUEN TO SET TO THE TO	PERATION WAS A YEAR 19 211 LO M. ETC.) DEGREE M. D.	PERFORMED DW INJURY OCCUR PEATION STREET To (my) (our) opinion ATTENDING PHYSICIAN [200 AUTOP YES THE RED (ENTER NATU	DSY? NO DIVER OF INJURY I	20b. IF YES, W N CERTIFYIN YES [N ITEM 18 PART	VERE FINDING CAUSES COUNTY COUNTY	IGS USED OF DEATH
Conditions, if ony, whis gove rise to immedia couse (o1), stating it underlying cause lo PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 22a. I certify that (I) (this sow the deceased of above, (I) (we) (did) (c. 27b. SIGNATURE 22d. PHYSICIAN'S NAME	DUE TO, OR the be DUE TO, OR st. (c) ANT CONDITIONS CO. 19b. CONDIT 19b. CONDIT NOG DEATH AMMINER) 21e. PLACE O. (AT HOME STRE thospitol) attended the ve an did not) view the body of the condition of	ASSOCONSEQUEN NTRIBUTING TO DE TION FOR WHICH O TINJURY A. MONTH DAY A. DE INJURY deceosed from ster death	PERATION WAS I	PERFORMED DW INJURY OCCUR PEATION STREET 19 ATTENDING PHYSICIAN DDRESS	200 AUTOR YES	NO DIRE OF INJURY I	N ITEM 18 PART	VERE FINDING CAUSES COUNTY COUNTY	IGS USED OF DEATH
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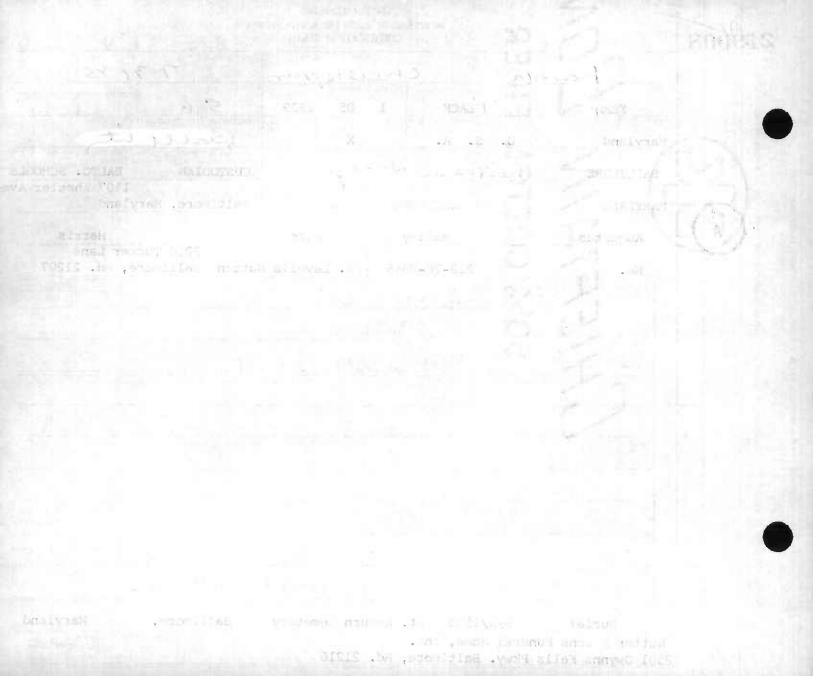
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TO HOSPITAL

BP

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216



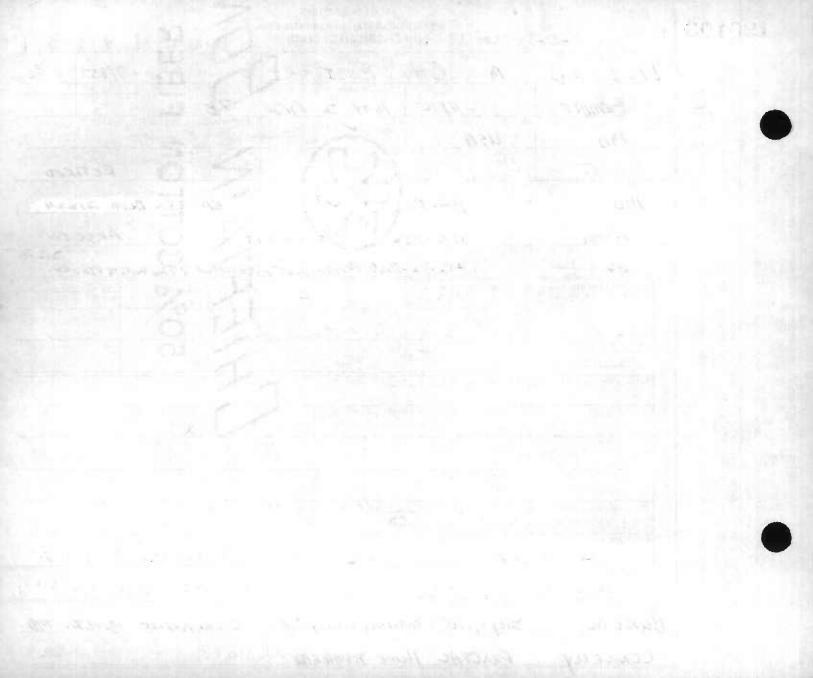
7-22-85 Item 13 L.J CERTIFICATE OF DEATH

190103

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) MOH 83 HYUNG CHUNG 3. SEX 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) JAN. 4 1922 63 ORIENTAL MALE TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEX NEVER MARRIED KOREA KOREA WIDOWED DIVORCED | BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OCITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL AUTOMOTIVE SALES USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 138 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? KANGNAMKU KOREA SECTION 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE CHUNG YOUNG STM CHA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO UNTVERSTTY JINHO CHUNG PARKWAY 18 CAUSE OF DEATH (Enter only one couse per line for tal, (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS, A CONSEQUENCE OF Fibrillation Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NON 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that (1) (this haspital) attended/the deceased from saw the deceased affive an and that in (my) opinian death occurred on the date and hour and from the causes stated abave, (1) (4ve) (did) (did nat) view the body after death. 226 SIGNATURE DEGREE 220 DATESIGNER ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS SUSAN G. WEINER, M.D. 23e. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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MADRI

BURIAL 74 FUNERAL DIRECTOR

LLIAM E. JOHNSON 8521LOCH RAVEN

SECUL KOREA

25a. DATE REC'D. BY

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL H	0 15		0 1	1 5	-7
		CEASED NAME FIRST	WIDDLE	4.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	3
	(TYPE	ORPRINT)	7 (1	SZEK		July	75 15	385	1145	
	3 SE)	() ALIL	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		UNDER ! YEAR	IF UNDER 24 I	HRS
	1	M	14/	MONTH	DAY YEAR	70	YRS MON	THS DAYS	HOURS	WIN.
6		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY O		FDEATH		
1	m	ARYLAND	USA	WIDOWE	DINEVER MARRIED		12 0	1.72,		MD.
9	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		ROTHER INSTITUTION	12a USUAL OCCUPATION		126 KIND O	F BUSINESS	
2	BA	MIEMORE	SETON 141	TI MAN	OR INC.	1 1 1 1 1	RAN	OC 2	STAC	IRA
14	USUA Na. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE	OR TOWN	13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS /	ZIP CODE			
2	100	MD. CA	BROLL TAM	EYTONN	YES NO	1.01	EY POWE	y Pox	E/11	78
1	n FA	THER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME		LAS	ī	
L	/	ADAM	C.	15ZEK	m	ARY	(HA	15E	•
0	160 y		MED FORCES? 166 SOC	TIAL SECURITY NO	17 INFORMANT	ADDRE	SS		212	01
6	W.	0	215	-03-7123	EDWARD MY	Excitted 50	W. F	RHALKS	00 57	
		18 CAUSE OF DEATH (Enter of	nly ane cause per line far io	b), and c		A.aa =		BETWEEN	MATE INTERVAL	ATH
			TE CAUSE (a)	CANOW N	esperting	Wilst		- 5		
			DUE TO, OR AS A CO	ONSEQUENCE OF	1	Dans.		2	moc	
		Conditions, if any, which	(b)	2501	ungent (cancer		7.	and C	
	1	cause (a), stating the underlying cause last	DUE TO, OR AS A CO	DNSEQUENCE OF						
	12		(Ic)							
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TE	erminal disease or con)ITION GIVEN	IN PART I	٥	
10	ATIC	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	VERE FINDIN	AGS USED	
1	CERTIFICAT				X4-1	YES T NOT	IN CERTIFYIN			,
	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR		I OR PART 2)	NO []	_
1		OR CONTRIBUTING CAUSE OF DE.		NTH DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	Y	211 LOCATION					_
	×	MHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY OFFICE, FARM, ETC)	SIREET	CITY OR TOV	N	COUNTY	STATI	E
		220.1 certify that (I) (this hasp	ital) attended the decease	ed from7	-V 19	7-2	. 19.	fi_	that (I) (we)	last
		saw the deceased alive on above, (N (we) (did) (did no	y was the body ofter deo	10 St., on	d that in (my) (aur) opini	ian death accurred an the do	ite and hour ar	nd from the	causes states	d
	417	27k SEGNATURE	P controller dec		DEGREE			22c. DATE	SIGNED	
		Jaime	I un zala	n	ATTENDING PHYSICIAN			71	2K-	-
1		22d. PHYS I IAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	0 1 1 10		2	/4/	
		JAIME	PUNZA	(AL)	5014 Has	ynd vo. Ma	old. My	1.21.	2/4	
		URIAL, CREMATION, REMOVAL	23b DATE	23E NAME OF CI	EMETERY OR CREMATOR	23d LOCATION			-	-
	(BURIA 2	July 19	5505T A	LOISIUS	23d LOCATION	ESTOR	un/	AT	DA

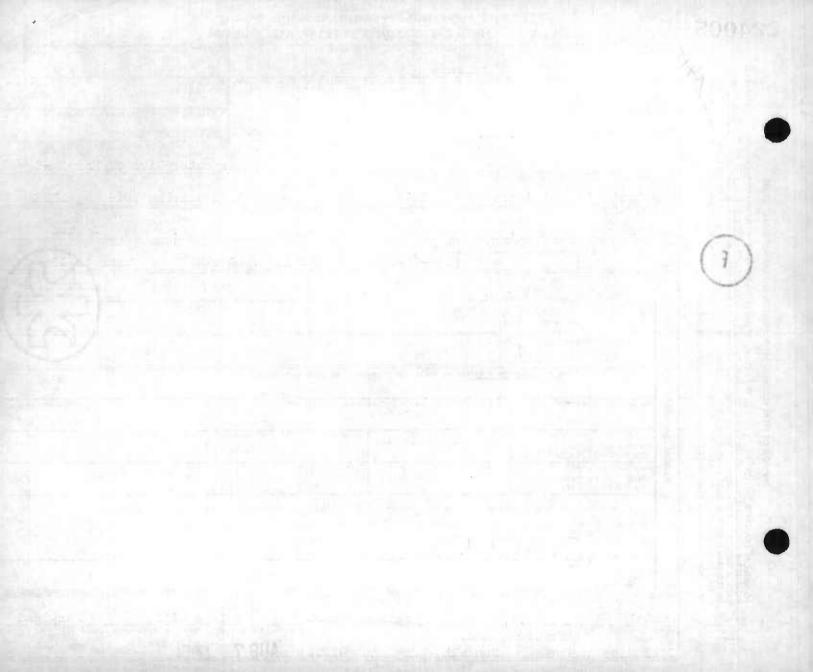
DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any

A STATE OF THE STA THE PROPERTY AND ASSESSED.

						RYLAND					
224005 1- STATE						ND MENTA					
REGISTRAR		MED	ICAL EX	AMINER	'S CE	RTIFICAT	E OF D			1 5	A
1. DECEASED NA	ME FIRST		WIDDLE		LAS	Ť		TO DATE KNOWN	MONTH	DAY YEAR	76 HOUR
IS NECESSARY, PEASE TO COLOR OF THE COLOR OF	KERRY	La	ne		CLA	ARK		OF ESTI-	7 31	19 85	, M
3. SEX	4. RACE S	DATE OF BIRTH	YEAR 6. /	AGE (IN YEARS	IF UNDE	R 1 YR. IF UN	DER 24 H		MÖNTH	DAY YEAR	2d HOUR
Male	White	3 10		29 YRS.	MONTHS	DAYS HOUR	S MIN	PRONOUNCED DE AD	7 31	L 19 85	11:30
AND	(STATE OR 7	. CITIZEN OF WHA		/2 10	AADDIED	NEVER M	ADDIED [9 BALTIMORE CITY	OR COUNTY		1 2 111
Pennsylv		U.S.A.			IDOWED		ORCED [Baltimore	City		MD
Baltin Sold Maryland		1. NAME OF HOSP	ITAL, NURSI	NG HOME, OF			120	USUAL OCCUPATION (TY		KIND OF BL	ISINESS
Baltin	more /	Universid			(STU)			for most of working Life) Carpenter-Hi	772 Of 1	OR INDUST	
USUAL RESIDENCE	E (IF IN NURSING HOME OR C	OTHER INSTITUTION, GIVE	RESIDENCE BEFO	ORE ADMISSION)	(310)				va OI	harytai	<u></u>
Maryland	Balti	more	Dunda			I. INSIDE CITY LIMIT		STREET ADDRESS 1963 Wareham	Pond	212	122
HAT STATION OF FIRST		more	Dunda	TV		MOTHER'S M			roau	212	. 44
≥ E-SOF // FIRST	,	MIDDLE	LAST		10	FIRST		WIDDLE		1AST	
Richard No. WAS DECEA	SED EVER IN U.S. ARME	E.	Clar	SECURITY NO	2 17	Agnes		J.		Austen	
(YES, NO, OR UNK	NOWN) (IF YES, GIVE WA	R OR DATES)			, , , , ,					1.0	
				4-3845		Cathie	ь. (Clark	Same	as 13e	
PARTI	OF DEATH (Enter only o	V.				100				APPROXIMATE BETWEEN ONSE	T AND DEATH
Service A VAL	77 IMMEDIATE	011002 (0)		al inju	uries	5					
Candit	ans, if any, which	DUE TO, OR A	AS A CONSEC	QUENCE OF							
A WILL A MAIN E	rise to immediate	(b)									
Solving Conservation of the Conservation of th	a) stating the <u>under</u> - ouse last.	DUE TO, OR A	AS A CONSEC	QUENCE OF							
SCUL STANDARD STANDAR		((c)									
	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	UT NOT RELATEO	TO THE TERMINAL	OISEASE OR	CONDITION GIVEN	IN PART 1 to	il.			
OF VITAL RECO						4774					
CERTIFICATE SHOULD RITHER SHOULD THE CHIEF WORD "PER 3 SHOULD BE USED A SH	OF OPERATION	196. CONDITI	ON FOR WH	ICH OPERATIO	ON WAS	PERFORMED?				20 AUTOPSY	
SHO ORD CHEE										YES 🔀	NO 🗆
AL CATERON OF THE WATER NO BY THE WATER OF T	VAL CAUSE WAS	116. TIME OF HOUR **		AY YEAR	21c HOW	INJURY OCCI	JRRED (EN	NTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
CONTRIBU	TING CAUSE OF DE			1985	Subje	ect fel	1 fro	om building.			M-110
MEDICAL MEDICA	OCCURRED ST	21e PLACE OF	F INJURY (A DRY, FARM, ETC.)	AT HOME, 2	If LOCAT			CITY OR TOWN	COUNT	Υ	STATE
DIVISION THIS CERT THIS CE	NOT WHILE AT WORK	build	ding	1	100 V	Vater S	t.	Balto.			MD
STACK	rtify that I taak charge o	of the remains descr	ribed abave,	held an	Autapsy	X, Inspe	ection	, Inquiry , a	nd in my apini	ion	
EXAMINE EXAMINE OF THE PARTY OF	ilted fram: Natural	causes .	Accident X], Suicide		Hamicide]. Ur	ndetermined manner			
A ARY	A	0.5	_			TITLE (SPECIF	Y)				
ACTUAL SIGNATUR		1	0>		M.D.	Assist	ant A	MEDICAL EXAMINER	DATE SIGNED.	8-1-85	,
NA TE IC	3,00	M Disse	M D							21 201	170
ECUTE OR P	RINT) Ann	M. Dixon	, M.D.		ADI	DRESS	1 Per	nn St., Balto	o., MD	21201	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRR PAGE 4 SHOULD BE FORWARD TO THE CERTIFICATE, WRR PAGE A SHOULD BE FORWARD TO THE STATE BALTIMORE, MARKIANO, 2120 BALTIM	ATION, REMOVAL 236	DATE	Z3c. NAM	NE OF CEMETE	ERY OR C	REMATORY	230	d. LOCATION	COUNTY	91	ATE
07/84 BPBurial		8/8/1985	Ga	rrison	For	est		Owings Mills	0001111	Mary]	
25M DHMH - 17 24 FUNERAL DIR	Duda-Ri	ick, Inc.				25a. D/	ATE REC'D	D. BY REGISTRAR 256 REG	ISTRAR'S SIG	NATURE	STAF
W. C. A. C. LET. (51)	e Avenue			rvland	21	222	AUG '	7 1985	Devido	n-Ande	20
(VR A15 ME (5)) 7922 Wis	e Avenue	Dunda	lk. Ma	rvland	21	222	AUG'	7 1085	- 10001200	w-Nadar	160



STATE OF MARYLAND

ı	1-	STATE REGISTRAR	DEFAR	CERTIFICA	TE OF DEATH	8 RESINO.	19	155
ı		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MO	INTH DAY YEAR	26 HOUR
Į	TITPE	Rober	t	Clark	Jr.	July 14	1, 1985	M
1	3. SEX		4. RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	
ł		male	black	MONTH 9	21 31	53	YRS MONTHS DATS	HOURS MIN.
J		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9. BALTIMORE CITY OR		
	M	aryland	U.S.A.	WIDOWED [DIVORCED }	- DAY MT. ODI	CITY,	MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OT		12a. USUAL OCCUPATION		OF BUSINESS OR
		BALTIMORE	. 2610 HARFOR	D ROAD		TYPE OF WORK FOR MOST OF W	OKKING (IFE) INDUSTR	
1		AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFI NTY 136 CITY OR TO Baltin	DWN 113d	INSIDE CITY LIMITS?	2610 Harf		21218
	I4 FA	THER'S NAME	MIDDLE LAST	15. A	NOTHER'S MAIDEN I	NAME		AST
		Robert	Clark, Sr.	R	ose	7110000	Canno	
	160 V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 I	NFORMANT	ADDRESS		SECTION.
١	(,	(IF YES, GI	217-24	-4834 E	leanor J	J. Bland 900		
		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ED BY: (TE CAUSE (o)	ordic.	Hem	owkage	BETWEEN	NONSET AND DEATH
		Conditions, it ony, which	DUE TO, OR AS A CONSEC	DUENCE OF	per fen	sion	1)	lear +
		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	-			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT	RELATED TO THE TE	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART	lio
-	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WA	AS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCC	URRED (ENTER NATURE OF INJURY II	NITEM TE PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		LOCATION	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK		5-10	10 8	4 6-29	85	al a str feed to
	15	sow the deceased alive on	oitol) attended the deceased from 19 ott view the body after death.	02	ot in (my) (our) opini	ion death occurred on the date	and hour and from the	n, that (1) (412) last ne couses stated
		226 SIGNATURE	St. View the Body Later deom.	DEGF	REE	/	22c. DAT	E SIGNED
	<	augent ,	It Une	of he	ATTENDING PHYSICIAN		NO 17-	15-85
		Dr. KUGENE	H. Owens M.D	P. 4. 17	135 E. F	Federal St	- Balton	1.21213
	23a. B	BURIAL, CREMATION, REMOVAL			TERY OR CREMATOR 1 vary Ce		ndel °Co,	Md.
	74. FL	INFRAL DIRECTOR			[25n [DATE REC'D BY REGISTRARIZE	REGISTRAR'S SIGN.	ATIME - de DO

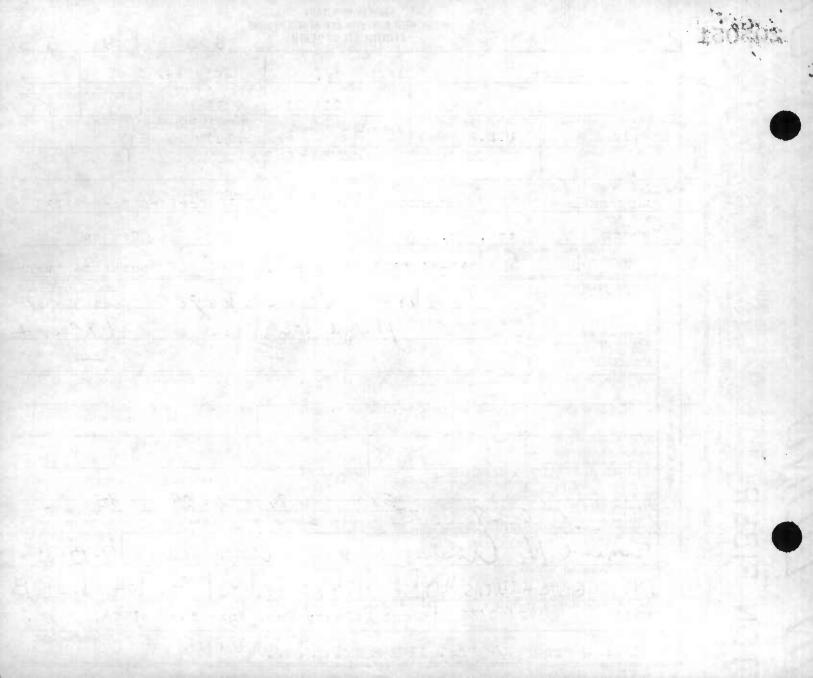
William C March F/H Inc. 1101 E North Ave. 1

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physicion.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physic should be detached for use as the burial-stransit permit. Then please remove carbonpope with the State Dept-of Meolth and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumotic event, the



BP

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT:

(SPECIFY) 24 FUNERAL DIRECTOR

23b. DATE

Weber & Spns Inc. 401 5.

774 PHYSICIAN SNIAM

23a. BURIAL, CREMATION, REMOVAL

22e. ADDRESS

23d LOCATION

COUNTY STATE

22c. DATE SIGNED

26 HOUR

IF UNDER 24 HRS

6

HOURS

12h, KIND OF BUSINESS OR

Butner

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

IF UNDER TYEAR

MONTHS DAYS

INDUSTRY

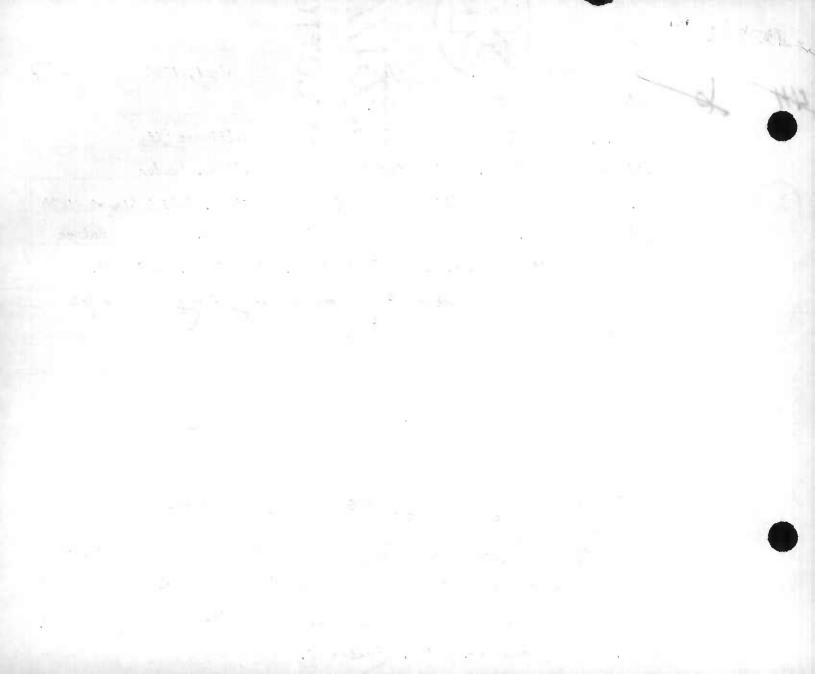
COUNTY

YES [

hester St.

PHYSICIAN DIRECTOR PHYSICIAN

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



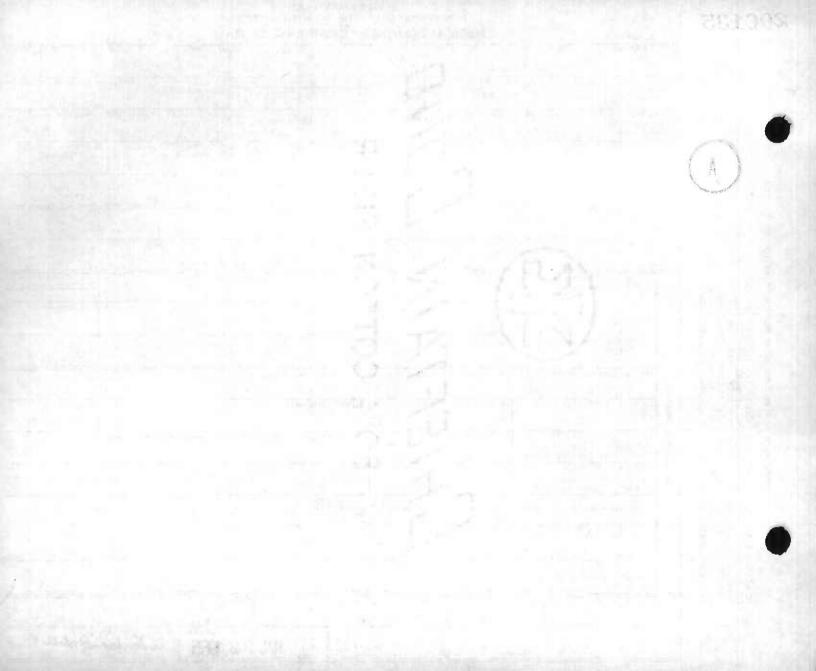
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital as offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campleted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 1 and 1 and 1 after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical examination of the distriction of the districti
	TO HC	should with th	IMPO

206142	Ĺ	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REGISTRAR										
eath be		DECEASED NAME FIRST THEMA		S W		CLARK		20. DAJE OF DEATH	7 20	20 85	5:35 M	
tier of	3 SE	* Male		White		S. DATE (6. AGE (INYEARS LAST BIR	The second second	UNDER I YEAR	IF UNDER 24 MRS	
Pool .	BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76 CITIZEN OF WHAT COUNTRY? U.S.A.		? B MARRIE WIDOWI	D NEVER MARRIED	SACT MARE OTY MD.				
s ofter d)0 C	SOCTIMOR	TH 1	11. NAME OF HOSPITAL, NUI		NG HOME		12m USUAL OCCUPAT (TYPE OF WORK FOR MOST O Supervisor	F WORKING LIFE)	INDUSTRY	OF BUSINESS OR	
Value Park	APSUL 13a. S	M RESIDENCE HE NURSE	13 COUNT	NOTHER INSTITUTION GIVE RESIDENCE BEFORM 134 CLTY OR TO timore			13d INSIDE CITY LIMITS? YES NOXX	130.STREFT ADDRESS / ZIP COL 1706 Edgewood		ODE ,		
mpletel	1	THER'S NAME FIRST	M	NDDLE	Clar	rk	15 MOTHER'S MAIDEN NA FIRST Margaret	WIDDLE		amil		
n and co Pages 1	160, WAS DECEASED EVER IN U.S. AR 1 YES, NO OR UNKNOWN) (1F YES, GIV			MED FORCES? WAR OR DATES)	216-44-		Genevieve Cl	ark same a	SS	The s	M.5	
rtificate I 3 physicio an papers emaval.		18. CAUSE OF DEATH PART I. DEATH W.	(Enter only AS CAUSED	BY:	Cercor	1	Thrombosis			APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH	
that the death ce i by the attending tase remove carb of, cremation, or r		Conditions, if ony, gave rise to imm cause (a), stating underlying cause	ediate g the	(b)	R AS A CONSEOU		imbol!					
equires the signed Then plear to burna injury, ar	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chrone Revail Failure Service disagree										
he law ian. has been to permit. iene prior	CERTIFICATION	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	H OPERATIC	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?	
HYSICIAN T nding physicians as certificate buriol-transit i Mental Hygi ar Item 18 sh		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 2)		
UG PHYSIC attending fer this cer is the burio h and Ment rked ar Itel	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e PLACE (OF INJURY BET, FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
TTENDIN pital at TOR Affar use a of Health		22a. I certify that (I) saw the decease above, (I) (we) (d	d alive on_	7/19	19	7 3	nd that in (my) (our) opinion	death occurred on the d	ote and have a		that (I) (we) lost causes stated	
PITAL OR A by the hos lERAL DIREC		226 SIGNATURE CICLOR			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					112285		
HOS bined ovld to th the PORT		220 PHYSICIAN'S NAME (TYPEORPRINT) MICHAEL SYLVA 220 ADDRESS MCRCY HORITAL										
PP	23a E	URIAL, CREMATION, I	REMOVAL	7/23/8	377		EMETERY OR CREMATORY Valley	23d LOCATION CITY OR TOWN		OUNTY	STATE	
DHMH - 16 60M 7/B4	24 FU	INERAL DIRECTOR	Prole		ADDRESS	arancy	25a. DA	Towson, TE REC'D. BY REGISTRAR	Ma Jan	NS SIGN	Md.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

I an other hand marketing the dealer. rolley your late FALPO'r formon, Halklemer, Md. Lunnard J. Luck, Inc. 5705 Hardord Ed. 20013.

STATE OF MARYLAND 206135 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME M DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED SHERMAN COATES 19 85 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS JE UNDER TYR IE UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) Male Black PRONOUNCED 6 18 06 79 DEAD 1985 To BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. WIDOWED [DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1602 Vincent Ct. Baltimore SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS MD. 2126 Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maruland 2025 N. Fulton Ave. NO 1 21217 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph MIDDLE Coates Sarah Carton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes ww 218-18-9741 2025 N. Fultan Aug Joseph Caates CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AS A BURIAL - TRANSIT PERMI ALTH AND MENTAL HYGIENE, REMATION, OR REMOVAL. IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E DEPARTMENT OF HEAD OF PERSON OF THE PERSON TO BURNAL 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? DIVISION OF VITAL HEAD ONLY 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMNER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE SI AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Head Only 220 I certify that I took charge of the remains described above, held an and in my apinian Inquiry Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7-13-85 SIGNATURE EXAMINER'S WAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 7-16-85 07/84 BP Arbutus memorial 25M 24. FUNERAL DIRECTOR **DHMH - 17** iley-Douglass Funeral HOme 1348 N. Calhoun St. (VR A15 ME (5))



FOR - STATE REGISTRAR

TYPE OR PRINTS

3 SEX

I. DECEASED NAME

Male

STATE OF MARYLAND

COBB,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

LAST

5 DATE OF BIRTH

TH	8 REG	0.	1	9	1	5 9
100	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R 🥱
	July 8,	1985			800	AM
	6 AGE (IN YEARS LAST B	IF UNDER I YEAR		IF UNDER 24 MRS		
919	65	YRS	MONTHS	DAYS	HOURS	MIN.
RIED X	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
CED []	Baltimo	re Cit	v			MD

To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A. Missouri

136 COUNTY

4 RACE

FIRST

HAROLD

MARRIED NEVER MAR DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

21206

JR.

August 18, 1

TYRE OF WORK FOR MOST OF WORKING LIFE Mechanic

12b. KIND OF BUSINESS OR INDUSTRY Balto. Transit

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

IO. CITY OR TOWN OF DEATH Baltimore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore

6122 Ridgeview Ave.

MIDDLE

W.

White

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

130 STREET ADDRESS / ZIP CODE 6122 Ridgeview Ave. 21206

ADDRESS

McBroom

Maryland 4 FATHER'S NAME

Harold

Cobb. 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY:

Sr. 16b. SOCIAL SECURITY NO 216-16-3258

17. INFORMANT

George T. Moran,

Chessie

same as #13e

IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF Vesical fistula argo

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Melletus Sia betes

196 CONDITION FOR WHICH OPERATION WAS PERFORMED Rectovesical Historia

20a AUTOPSY? NOX 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T

OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDIC ALEXAMINER 21d INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

NOT WHILE

190 DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.)

211 LOCATION

COUNTY

STATE

saw the deceased alive an_

EIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from May 20

ATTENDING

PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

DIRECTOR PHYSICIAN

CITY OF TOWN

226 PHYSICIAN'S NAME (TYPE OR PRINT

BASHAR PHAROAN, M.D.

obove, (1) (we) (did) (did not) view the body ofter death

22e ADDRESS

620 Eastern Blvd.

MEDICAL

BP.

(VRA 15, 4)

should be with the

oth

00

lo,

0

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

Burial

CERTIFICATION

MEDICAL

23a. BURIAL, CREMATION, REMOVAL 236 DATE 7-11-85 23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

DEGREE

Parkville, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Leonard J. Ruck, Inc. 5305 Harford Rd. Balto. 21214

HAHOMD W. 0032, JH. 1519 8, 1989 William 13, 1519 65

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215-16-55 8 Georgo C. Maran, onne su =13c

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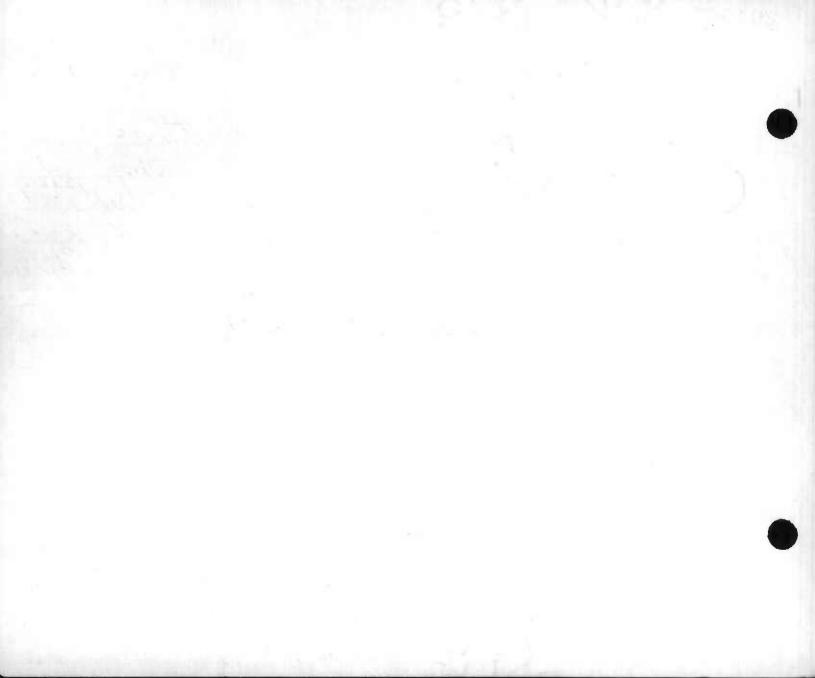
uriot 7-11-5 Parkwood Camerery Parkville, Marguest

Looment d. Muck, Inc. 1985 Servett d. Belto. 21814 JH 1 2 gast to H Language

CTATE	OF	MARYLAND
SIAIL	UΓ	MAKILAND

204067	1	FOR	DEPAR	STATE OF MARYLAND	TAL HYGIENE	
	[1.	STATE REGISTRAR		CERTIFICATE OF DEAT		NO. 1916
1 1 de 4		CEASED NAME FIRST	alie F,	Cobbs	2a. DATE OF DEATH	7-15-85 123/
and	1.58	Emple	CO/	1 - 0 0	6. AGE (IN YEARS LAST E	IFUNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M
neral des	7a. B	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARR	9 BALTIMORE CITY	MOY E CITE
200	10.0	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL NURS	ING HOME OR OTHER INSTITUT		
\$ (1 A A A)	1	AL RESIDENCE (IF NURSING HOME OR OT TATE		PRE ADMISSION) 13d INSIDE CITY LI YES D NO	_ ///	1. 217
ad arthur	IR.F.	Abraham	Brou	15 MOTHER'S MA	DEN NAME MIDDLE	Rucken
Popes P		VAS DECEASED EVER IN U.S. ARMI VES, NO OR UNKNOWN) (IF YES, GIVE V		WITTY NO. 17 INFORMANT	1 0 11	RESS 2120
physical physical movel.	Г	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	BY:	pulnymons	anest	APPROXIMATE TIERVAL BETWEEN ONED AND DEA
that the death ce by the attending able remove carb all cremation, ar in righter traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF	ie CA	
signed her pla to burit	NOI	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART ITO
an. has been person person prior	CERTIFICATIK	INE DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORME	D 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
CLAN. T 9 physics artificate mistrani mistrani mistrani		218. ACCIDENT WAS UNDERLYING OR CONTENSUTING CAUSE OF DIATH (# 11THER, NOTEY MEDICAL EXAMPLE)	21s TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PART 2)
other dust the by hand Med or I	MEDICAL	21d INJURY OCCURRED OFFICE OF NOT WHILE OF AT WORK	21e PLACE OF INJURY TATHOME STREET FACTORY OFFICE	211. LOCATION STREET	CITY OR	TOWN COUNTY STATE
ATTENDI aprilo ol CTOR, A Horuse of Healt		27s.1 certify that (I) (this haspitul saw the deceased alive on above, (I) (we) trial (did not)				19, that (I) (we) date and hour and from the causes stated
TAL OR y the too RAL DIRE detached over Dept.		The SIGNATURE OF THE	er T	PHYS	NDING MEDICAL ST LICIAN DIRECTOR PHYS	AFF ICIAN 16/54
O HOSPIT Promined by O FUNER Hould be MPORTAN		B George	mó	5531	dolfreld the	, Ballo, mDZ1
BP	L	BURIAL STEMATION FEMORE	7-20-85 /	NAME OF CEMETERY OR CREM	Com Fore	st county Light
DHMH - 16 50M 4/83	24. F	INERAL DIRECTOR	ADDRESS	+10	25a. DATE REC'D. BY REGISTRA	R 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

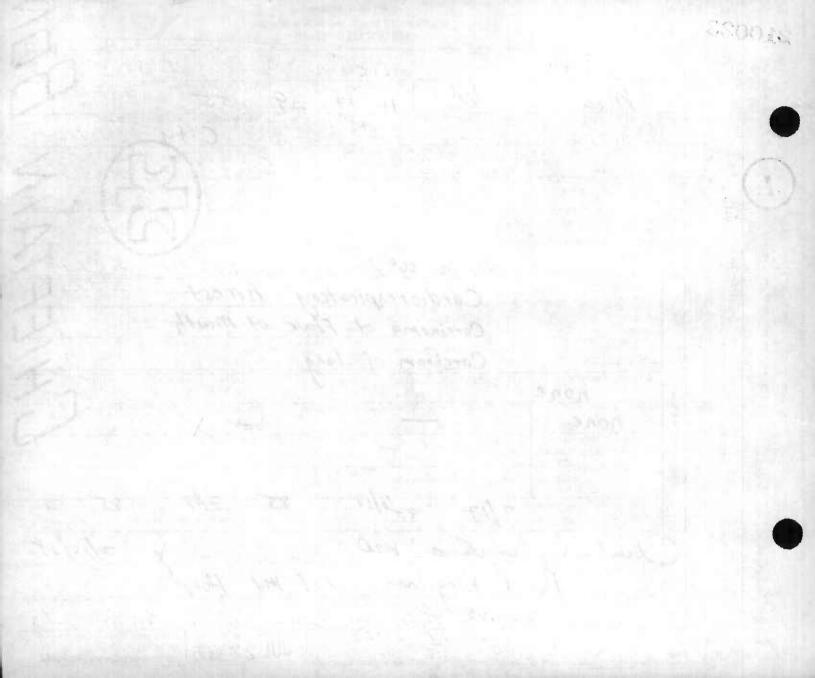
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	- STATE REGISTRAR	CERTIFICATE OF DEATH	RECINO.	9161
	TO HOTO MODILE	Cochin	20 DATE OF DEATH MONTH 7-18	26 HOUR 25 06/5 M
	Male 1. RACE White	5. DATE OF BIRTH MONTH 77 - 29		IF UNDER 1 YEAR IF UNDER 24 HRS
1	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY CITY	OF DEATH Cacto MD.
1		G HOME OR OTHER INSTITUTION	TO USUAL OCCUPATION	124 KIND OF BUSINESS OR
100		YES NO NO	13e.STREET ASDRESS / ZIP CODE	Blad. 21230
)	Gerry MEDIA Cuchin	15 MOTHER'S MAIDEN NA/	MIDDLE	> LAST
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR	069 Drace LeB	ADDRESS on 1102 Woshin	The Blind 2123
	18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CAPOLO	respiratory	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause is stating the underlying cause last	ma of floor m of lung	of Mouth	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	PEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
	NONE 196 CONDITION FOR WHICH OF THE ACCOUNT WAS UNKNOWNED TO THE ACCOUNT WHICH WAS UNKNOWNED TO THE ACCOUNT WAS UNKNOWNED TO THE AC	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY YES	WERE FINDINGS USED YING CAUSES OF DEATH?
-	HOUK A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT I OR PART 2}
	THE INJURY OCCURRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	RAM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspital) attended the dareased from sow the deceased alive an 19 above, (I) (we) (did) (did not) view the body after death.	, 19 , and that in (my) (aur) apinion of DEGREE	, to	9 that (It (we) lost and fram the couses stated
	Yaul Singelman	, MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/18/85
	Paul & Ringel		nd Hosp.	
	230 BURIAL, CREMATION, REMOVAL 236 DATE 722-1985	AME OF CEMETERY OF CREMATORY	3 Clyn DL. at	1-66. hed.

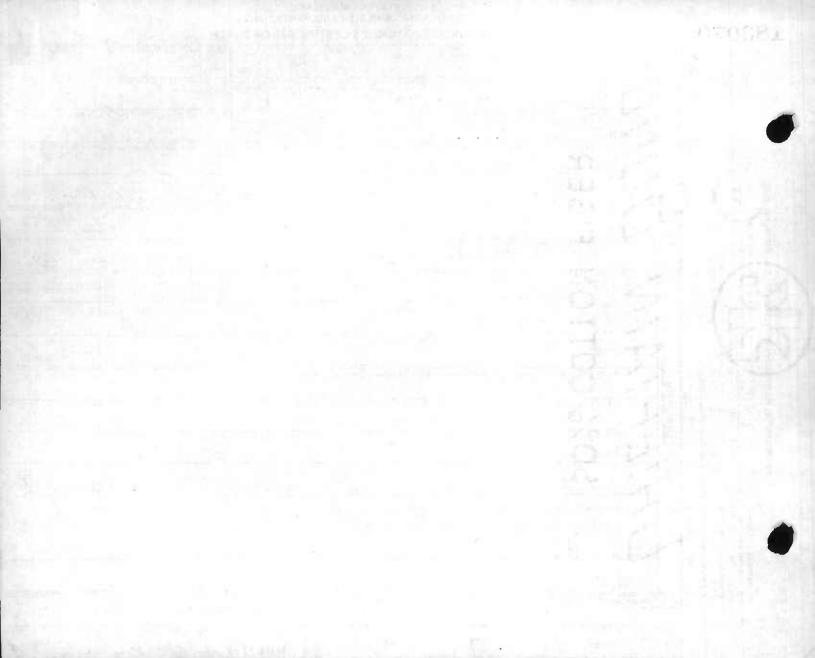
DHMH - 16 60M 7/84

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 183070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DATE KNOWN X DECEASED NAME FIRST TYPE OR PRINTS OF ESTI-DEATH MATED Cockrell, Sr. Thomas 24 1985 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) 1:16 PRONOUNCED DEAD 1985 Male 13 Black 41 43 YRS Ta. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland U.S.A. WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Jaemore din Maryland NO IX 7207 Orth Road 21219 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE James Johnson Christa Mae Farmer 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. LYES NO OR UNKNOWN) 220-38-7600 Daisy M. Cockrell 7207 NO Orth Road 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E DEPARTMENT OF HEA 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO -21a EXTERNAL CAUSE WAS 2)b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 24 1985 Motorcyclist in collision with auto CONTRIBUTING CAUSE OF DEATH 12:14XX 6 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Martin Blvd nr. Middle River Rd, Essex, Balto TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 2120 street Autopsy X 22s I certify that I took charge of the remains described above, held an Inquiry and in my apinian Homicide Undetermined monner deoth resulted fram: Natural causes Suicide TITLE (SPECIFY) ACTUAL 6/24/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Md. BURTAL HOLLY Hills Cemetery Baltimore County, 6/28/85 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm March F/H Inc. 1101 E North Avenue (VR A15 ME (5))

STATE OF MARYLAND



MPORTANT, If hem 21 is

DHMH - 16 60M 7/84

(VRA 15, 4)

203250

STATE	
DEPARTMENT OF HE	

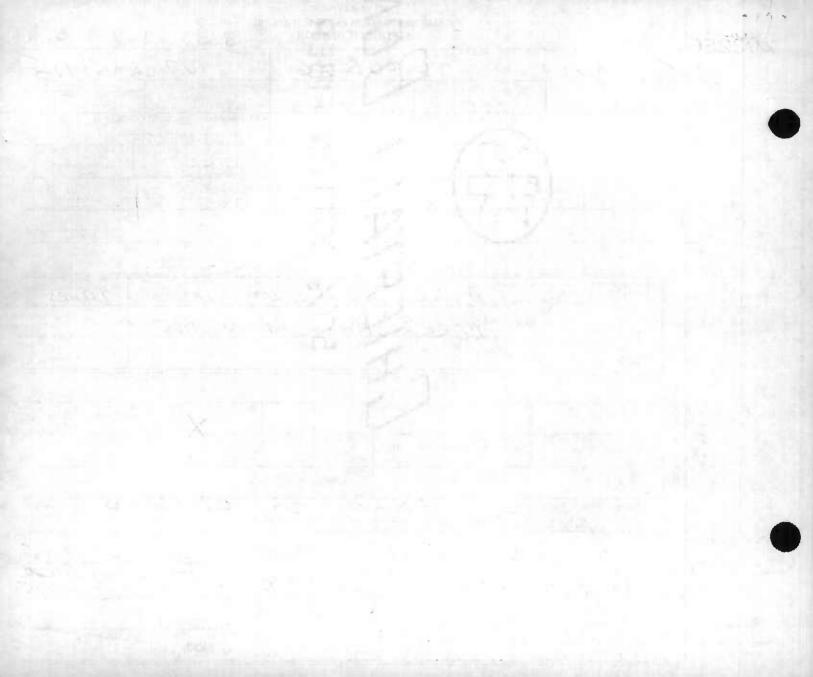
6010 REISTERSTOWN RD., BALTO., MD

OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	RED	NO.	1	9	Commercial	6	
EOE	DEATH	MINOM	DAY	YEAR		25 LIQUID	7

0	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 RED NO.	9 1 6 4
1		CEASED NAME	FIRST	,	MIDDLE	504	BERG	20. DATE OF DEATH MONTH	2-85 12-8M
	1.5E)		4	RACE		5. DATE C		6. AGE JIN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
		FEMALE		WHI		APRI		83 YRS	
1	a. BII	RTHPLACE (STATE OR E	OREIGN 71		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
8		TY OR TOWN OF DEA	TH 1	1. NAME OF		G HOME C	DROTHER INSTITUTION	BALTIMORE CI'	12b. KIND OF BUSINESS OR
1		ALTIMORE		(IF NOT IN SUC	NDALE AG	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIF	
1	130. S	AL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION	13t. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	1
2.		ARYLAND	BALTI	MORE	BALTIMO	RE	YES NO X	3109 SHELBURNI	RD. #21208
ij	DEFA	THER'S NAME	MI	IDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST	AE MIDDLE	LAST
U		LOUIS	10.11.6 40.4	ED CODECCO	HARRIS	DITY NO	SOPHIE	ADDRESS	UNKNOWN
1		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	214-54-		726 K	AHN DR. #21208	
		18 CAUSE OF DEATH PART I. DEATH W	H Enter only AS CAUSED IMMEDIATE	BY:	ASOLR	1/1/	DN PNEU	MONIA	BETWEEN ONSET AND DEATH O CHES
	TION	Conditions, if ony, gove rise to imm couse (a), storin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	nediate g the last. NIFICANT CC	ONDITIONS CO	CERE R AS A CONSEQUE DITRIBUTING TO E	SPO ENCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	/EN IN PART I to
2	CERTIFICATION	196 DATE OF OPERA	HON	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO YE	YING CAUSES OF DEATH?
1	15.00	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	'ART I OR PART 2)
	MEDICAL	21d INJURY OCCUR!		21e. PLACE	OF INJURY REET, FACTORY, OFFICE F.	ARM, ETC)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) saw the decease above, (1) (we) to	ed alive an_	07-1	7 198	5. Z	nd that in (my) (aur) apinion d	to, to, deoth occurred on the date and hau	19, that (I) (we) last and from the causes stated
	18	22b. SIGNATURE	MA	n	W	w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27 DATE SIGNED 07-12-85
1		22d. PHY N'S N	AME ITYPE OR	J-WI	N, my)	LEVIN DALL	3 GenATRIC	CIK BIEN
	-	BURIAL, CREMATION, SPECIFY) BURIAL		23b. DATE 7-14-	05	TH IS	EMETERY OR CREMATORY AAC-ADATH ISRA	BALTIMORE	COUNTY STATE MD.
	BOA CI	UNERAL DIRECTOR	COT IT	STATEON	& BROS.,	AMM.	250 DATE	REC'D. BY REGISTRAR 256 REGIST	

21215



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 7-31-85 Item 4 L.J CERTIFICATE OF DE
I. DECEASED NAME [YPE OR PRINT] JOHN T. COLDBERG S. DATE OF BIRTH MONTH JOY 13 1900 A. RACE S. DATE OF BIRTH MONTH JOY 13 1900 A. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) A. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) A. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) A. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) A. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BIRTHPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY) B. BALTIMORE CITY OR COUNTRY OF BEATH B. WINDOWS TO CHIZEN OF WORKING WHIS) B. BALTIMORE CITY OR COUNTRY OF BEATH B. WINDOWS TO CHIZEN OF WORKING WHIS) B. BALTIMORE CITY OR COUNTRY OF BEATH B. BALTIMORE CITY OR COUNTRY OF BEATH B. WINDOWS TO CHIZEN OF WORKING WHIS) B. BALTIMORE CITY OR COUNTRY OF BEATH B. WINDOWS TO CHIZEN OR CHIZEN B. BALTIMORE CITY OR COUNTRY OF BEATH B. WINDOWS TO CHIZEN OR CHIZEN B. BALTIMORE CITY OR COUNTRY OF BEATH B. WINDOWS TO CHIZEN OR CHIZEN B. BALTIMORE CITY OR COUNTRY B. BALTIMORE CITY
1. DECEASED NAME (1979 OR PRINT) 1. DEFENDENCE (STATE OR FOREIGN OF MATERIAL NURSING HOME OR FIRST LAND RESIDENCE (IF NURSING-HOME OR OTHER INSTITUTION OF BUSING HOME OR STREET ADDRESS / ZIP CODE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSTITUTION OF BUSING HOME OR OTHER INSTITUTION) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSTITUTION) 11. STATE 11. DECEASED VIEW IN USE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSTITUTION) 11. STATE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSTITUTION) 11. STATE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSTITUTION) 11. STATE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NOT INSTITUTION 11. NOT INSTITUTION 11. NOT INSTITUTION 11. STATE 11. NOTHER'S NAME 12. NOTHER'S NAME 13. NOTHER'S NAME 14. ANTHORY 15. MOTHER'S NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 21. INFORMANT 19. INFORMANT ADDRESS 21. OTHER'S NAME 19. INFORMANT APPROXIMATE INFORMANT 19. INFORMANT APPROXIMATE INFORMANT A
A RACE S. DATE OF BIRTH DAY YEAR WINDER YEAR WIND
4. RACE S. DATE OF BIRTH S. DATE OF BIRTH S. AGE (PYTEARS LAST BIRTHOLAT) SUNDER TYEAR SUNDER S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTHOLAT S. DATE OF BIRTHO
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 3 MARRIED NEVER MARRIED SOUTHWARE COUNTRY OF DEATH 1.1 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IPPO OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
The country of death Country Baltimore city or country of death
NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GRESTBEET ADDRESS) 120 USUAL OCCUPATION 120 USUAL OCC
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH SACILITY, GIVE STREET ADDRESS) SOUTH MAKE SOUTH SUCH SACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING-HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COLUNITY 136. COLUNITY 136. COLUNITY 137. CITY OR TOWN 138. INSIDE CITY LIMITS? YES NAME ANTHOMY 138. STREET ADDRESS / ZIP CODE 223
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CUTY OR TOWN 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 223 PONTAC DVE. ZZ 15 MOTHER'S MAIDEN NAME FIRST ANTHOMY 6000660 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH LENTER any and cause per line for to 1, (b), and to 1. 18 CAUSE OF DEATH LENTER any and cause per line for to 1, (b), and to 1. 18 CAUSE OF DEATH LENTER any and cause per line for to 1, (b), and to 1. 19 PART I. DEATH WAS CAUSED BY: 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 10 BY WAS DECEASED EVER IN U.S. ARMED FORCES? 11 DEATH WAS CAUSED BY: 12 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 11 DEATH WAS CAUSED BY: 12 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 12 DUE TO OR AS A CONSEQUENCE OF CONDITIONS 13 DISTRIBUTION OF THE ADDRESS AND THE ADD
136. COUNTY BOUTHORE BOUTHORE SOUTHORE
BOUTPIONE BOUTPIONE YES NO TO Z23 PONTIAC DVE. ZIZ 14 FATHER'S NAME FIRST ANTHONY GOUBERG 15 MOTHER'S MAIDEN NAME FIRST TEAGSA WE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 21401213 GILBERT GOLDBERG 17 INFORMANT ADDRESS GILBERT GOLDBERG APPROXIMATE INTE RIMER NONSELAN DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BY ASSERTED FUNDAME TEAGSA WE 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c.) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BY ASSERTED FUNDAMENTAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BY ASSERTED DEATH OF THE PROXIMATE INTE RIMER ONSELAN DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which CONSEQUENCE OF CONSEQUENCE OF CONDITIONS DUE TO, OR AS A CONSEQUENCE OF CONDITIONS
14 FATHER'S NAME FIRST ANTHOMY GOOBERG TOLESA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 214012113 17 INFORMANT Gilbert Goldberg223 Pontiac Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) BILDTELIN PAREMALIAN Conditions, if any, which
ANTHOMY GOURERG TRIESA WE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 214012113 Gilbert Goldberg223 Pontiac Ave 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARAND PURPOWNER DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) BILDTELLA PUELFRONIA
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 214012113 Gilbert Goldberg223 Pontiac Ave. 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) BIVATELIAL PARTICULAR CONSEQUENCE OF CONDITIONS CONDITIONS DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONDITIONS DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONDITIONS CONDITIONS DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONDITIONS CONDITIONS CONDITIONS DISTRICT DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONDITI
APPROXIMALE INTEREST OF DEATH (Enter anly ane cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDO PORTONDAL BRIGHT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) BILDTELLAL PARENTONIA
APPROXIMALE INTERPRETATION OF THE PROTOCOLOR OF CONDITIONS, if any, which
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTONIAL BRACET DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) BILDTELM PNEUTONIA
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (16) BILDTELM PRESTONIA
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a
CONGESTIVE MENT FRIUNE
CONGESTIVE INFORM FORWARD 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? IN CERTIFYING CAUSES OF DEA YES NO YES NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
YES NO YES NO NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
2 71d INJURY OCCURRED 21e PLACE OF INJURY 21I LOCATION
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY
220.1 certify that (1) (this haspital) attended the deceased from 7/11/85 19 to 7/124 1985, that (1)
sow the deceased alive an 324 19 1 and that in (my) (aur) apinion death accurred on the date and hour and from the causes st
226. SIGNATURE DEGREE 220. DATE SIGNED
M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTO
224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
Rony Porudoninsky M.D. SOUTH BOLTSMAR GENEROL HOSPITAL
The state of the s
236 BURIAL CREMATON REMOVAL 1236 DATE 123, NAME OF CEMETERY OR CREMATORY 1234 LOCATION
236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF LOWN COUNTY

Encoderice of Man 1 27 Fr 6.50% South of the Countries Same (control Services form formation Est Physical Diffe The E X I Extended Steneda's QM with allahers TINAN SEE NAME. CONTROL TOWER PRINCE was all was a second of the men and the many

21102	214	V- :	OR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 RED NO	1 9	166
poge 3	M		ASED NAME PIRST	PH		EMAN	26 DATE OF DEATH	7 23 85	10 11001
ge 4 mo) ector. po	3	SEX	Male	4 RACE BLack	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
nerol din nn 72 hou t ance.	3	Ma	HPLACE (STATE OR FOREIGN UNTRY) aryland	The CITIZEN OF WHAT COUNTR	MIDOME		9 BALTIMORE CITY OR Balti		ty MD
s ofter o	4	CITY	City	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR BONSECOURS HO	RET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
1 24 hour ought he		3a ST		OTHER INSTITUTION GIVE RESIDENCE BER VTY 13L CITY OR TO Baltin	OWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 303 N. Calh	zip CODE noun Stree	t 21223
ed within	0	I. FATI	Calvin	Coleman Coleman		Hilda	WE	Riley	LAST
Poges Peges	1		S DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SE 217-20-		Hilda Colema	n 303 N. Ca		eet
ng phy cope bongo removit		1	PART I. DEATH WAS CAUSE	ily one couse per line for 101, (b), D BY: IE CAUSE (0) TERMING		ncer Secon	dary from	APP BETWS	ROXIMATE INTERVAL EN ONSET AND DEATH
he death on a stending or mation, or traumoti		- 1	Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC		C	ancer of l	ung	
ned by the please recorded by the please		F	underlying cause last.	DUE TO, OR AS A CONSEC		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	Ira
os been sig permit Then the prior to b	9	FICATION	a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIN IN CERTIFYING CAU	SES OF DEATH?
KIAN: The physicion entificate high-tronsit pintal Hygier em 18 shovem	10		10. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES	NO []
attending ter this ce is the burn hand Mei		Z Z	NJURY OCCURRED WHILE NOT WHILE TWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TOW	n COUNTY	STATE
After Se os mor mor		2	2a.l certify that (I) (this hospi	tal) attended the deceased from	n	125 , 19 03		19 3	_, that (i) (we) last

saw the deceased alive an 723 abave, (1) (we) (did) (did not) view the bady after death

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aut) apinian death occurred on the date and haur and from the causes stated

73: DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL BURIAL BP

IMPORTANT: If them 21 is marked or them 18

236 DATE 7/29/85 230 NAME OF CEMETERY OR CREMATORY Garrison Forest Veteran

Owings Mills

Md.

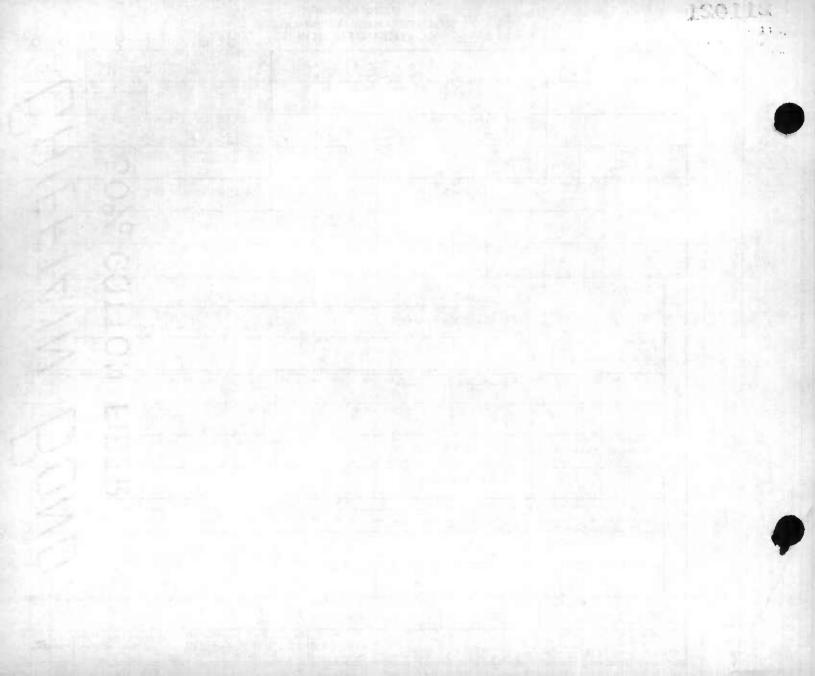
24. FUNERAL DIRECTOR

22b. SIGNATURI

1101 E. North Ave. William C. March F/H

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR SIGNATURE JUL 2 6 1985

DHMH - 16 60M 7/84 (VRA 15, 4)



Balto., Md.

Anatomy Board

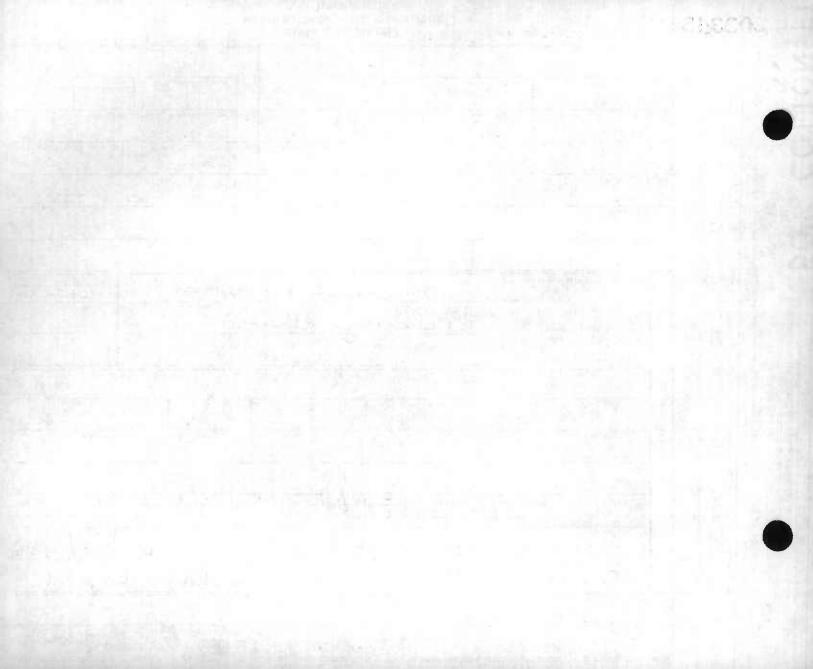
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BALTIMORE,

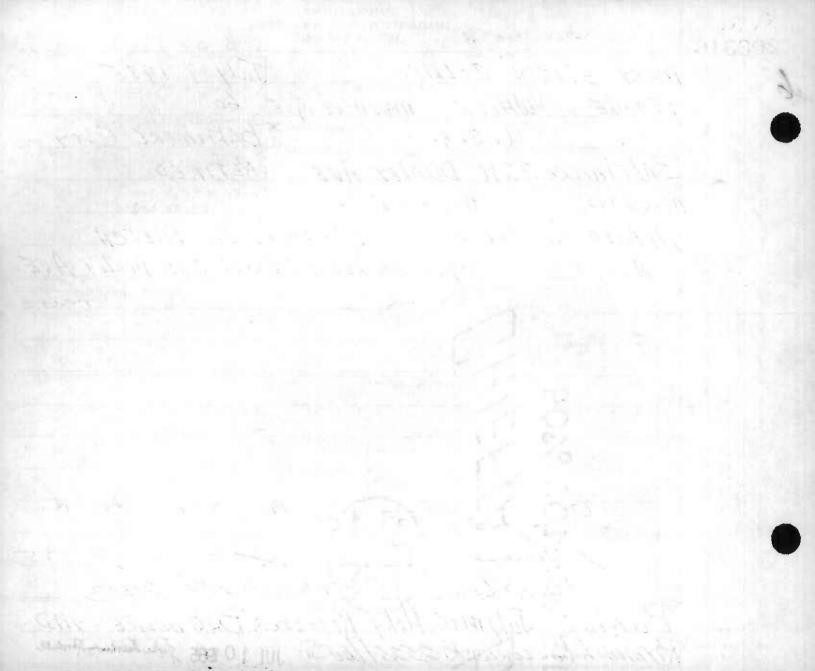
W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)



STATE OF MARYLAND



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STATE OF MARYLAND

FOR 1 - STATE			HEALTH AND MENTAL HYG	SIENE	
REGISTRAR		CERTII	FICATE OF DEATH	8 5EG. NO	. 19 6 9
1 DECEASED NAME FIRS			LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
Ma	ude An	r (or	ndiff	July !	5, 1985 A. N
3 SEX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	2	5 27 14	71	YRS
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
Maryland	U.S.A.	WIDOW		Baltimore	e (ity Mo
10 CITY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF	
Baltimore	630 50	outh Macon S	treet	Retired	Soc. Sec. Adm.
USUAL RESIDENCE HE NURSING HO	ME OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	124 STREET ANDRESS /	7IP CODE
Maryland -		Baltimore	YES XX NO	630 S. Mac	on Street 2/224
14 FATHER'S NAME	WIDDIE	_1451	15 MOTHER'S MAIDEN NA	ME	124
Thomas	· · · · · · · · · · · · · · · · · · ·	Fahy	Maude	Anobee	Wheeler
60 WAS DECEASED EVER IN U. (YES, NO JUNKNOWN) (IFY	S. ARMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	
No	2.	17-05-4461	Raymond R. Co	ndiff 1915 1	Leet Street 21231
18 CAUSE OF DEATH (Ent	er only one couse per line	for (o), (b), and join	Λ	. 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DE ATH WAS CA	DIATE CAUSE (o)	repostahi	- concer!	Colon	
	DUE TO, OR AS	A CONSEQUENCE OF		00 0	
Conditions, if ony, which	h (b)	de	aliks m	weeks	
gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF			
underlying couse los	<u>f</u> (c)				
	NT CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART 110
NOIL					
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITIO	N FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
a T				YES NO	YES NO
OR CONTRIBUTION C CAUSE		JURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)
4		19			
21d. INJURY OCCURRED	21e PLACE OF I	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
AT WORK		A SELLEN			
22a.t certify that (I) (this	hospital) attended the de	ceosed from	19 6	10 1- 3	, 19 0 , that (I) (we) los
obove, (I) (we) (did) (d	id not) view the body ofte			death occurred on the da	te and hour and from the couses stated
276. SIGNATURE	L10	24	DEGREE	. MEDICAL STAF	221 DATE SIGNED
2 Herry	4 Stell	10	PHYSICIAN [PHYSIC PHYSIC	
IN PHYSICIAN'S NAME (Mh	22e ADDRESS	MI I DEA	N STE ANTE MI
E.	MILSON	MD.			D STS. BALTU MI
230. BURIAL, CREMATION, REMO	OVAL 23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION	A A COPONY ALL STATE
Burial	7-9-85	(edar		Drookly	2 M.H. (U., Md.
24 FUNERAL DIRECTOR			250 DX1	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this co should be detected for use py the burs — In the State Dept of Health and Mer

Charles S. Zeiler & Son Inc. 6224 Eastern Ave. JUL 0 9 1985

love o me joneit ulu 5/185 tende wite 6 27 14 71 acculated 11.5.4. sec 50, 3. Billiage OF South soon Siees Lestings Societies the section of the se 1 1100 SUCCESS OF The many trained It is sent the sent of the

wind "--" seas "i seisen "Toowin, and Julia.

Junear. Leise a for Inc. 224 Confeer ye.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detoched for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. MAPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the median

DHMH - 16 60M 7/B4 (VRA 15, 4)

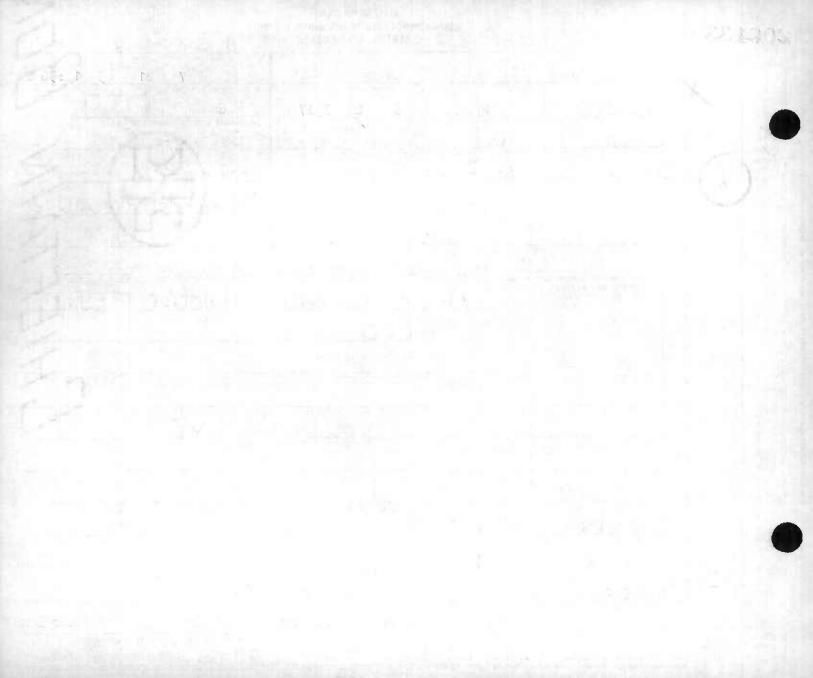
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FOR

STATE	OF	MARYLAND	

EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE

1	1-	STATE REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO.	19170
I		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	/	GERTR	IDE MAN	CONLON	7	21 85 121.36 RM
(1	1.5EX	4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1		Female	White	6 24 1917	60	RS.
A			CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COU	NTY OF DEATH
Ы		arvland	USA	WIDOWED DIVORCE		e City Mo.
1		TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FAQUITY, GIVE STR	SING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS OR
+	USUA	LA RESIDENCE ALIF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEI	FORF ADMISSIONI	Housewitte	
4	Ma. S	TATE MC 136 COUNT		DWN 13d. INSIDECITY LIM	2137 Parkse	(11 (2 2) 2 7 ~
	14 FA	THER'S NAME FIRST MI	IDDLE LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST
7	C	harles	Wilk	ins Joann		(UNKNOWN)
1		AS DECEASED EVER IN U.S. ARM	WAR OR DATES) 16b SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
1	N		216-22	-4667 James Cor	nlon 2137 Parksley	Avenue 21230
Ĩ		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b),	ond icili		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED IMMEDIATE		ive Kypento	ial Ktarctio	1 I day
1		3777623772	DUE TO, OR AS A CONSEA	DUENICE OF .		7
ı	-	Canditians, if ony, which	(b)	SCVD		
1		gave rise to immediate cause (a), stoting the		DUENCE OF		
		underlying couse lost.	DUE TO, OR AS A CONSEC	JUENCE OF		The state of the s
ı		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 14g
1	No.					
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED
+	Ē				YES NOW	PRTIFYING CAUSES OF DEATH?
1	ER CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)
71		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
	Z	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC	CE FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
1	1	220.1 certify that (1) (this haspita	al) attended the deceased from	7-20-85 10	10 2414 21	19 8 6 , that (1) (we) last
1		sow the deceased alive on	July 21 19	77	ornian death occurred on the date and	, mar (ii (we) iasi
1	-	obove, X (AC) (AG) Islid not).	arew the lability offer death.	DEGREE		22c. DATE SIGNED
1		Steam V	Hall ur	ATTEND	ING MEDICAL STAFF	
1		THE PHYSICIAN'S NAME INVESTOR	HEREIT THE	22e ADDRESS	AN DIRECTOR PHYSICIAN	
1		Gregory Gordon	n M.D.	St Ame	s Hospital	
+				IL NAME OF CEMETERY OR CREMAT		
- 6	23a BI			IL ITAME OF CEMETERS OF CREMAS		
	23a. B	Sirial			CITY OF TOWARD	Maryland
	É	Burial NERAL DIRECTOR		Loudon Park Cemet	CITY OF TOWARD	Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 219072 REGISTRAR DECEASED NAME KNOWN TYPE OR PRINTE ESTI M . Robert Jr. DEATH MATED Conner 85 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YR. 6. AGE (IN YEARS IF UNDER 24 HRS HOUR DATE LAST BIRTHDAY PRONOUNCED 7:45H 28 Male White 10 28 DEAD 85 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore City, WIDOWED DIVORCED X CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore University Hospital Car Painter Automotive UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland A.A. Pasadena #9 Bar Harbor Road NOXX 21122 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert MIDDLE Conner Patricia Kirkpatrick MIT. PAGES 1 A 17 INFORMANT 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES No 220-66-1899 Patricia Curtis Same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun wound of abdomen IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH 29 1985 6:17P.M. self inflicted 21e PLACE OF INJURY 211 LOCATION AT WORK AT MATE STREET, FACTORY, FARM, ETC.1 CITY OF TOWN home 212 W. Arundel Rd. Balto. MI XX MARYLAND 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Suicide X death resulted from Undetermined manner TITLE (SPECIFY) EXECUTE THE OPAGE 4 SHOUING FOR PAGE A SHOUING FOR PAGE A SHOUING PAFER DEATH, NAME A SHOUNG FOR PAGE Assistant MEDICAL EXAMINER 7/30/85 SIGNATUR EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) Balto.MD. 736 BURIAL, CREMATION, REMOVAL 236 DATE 8/2/85 23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Park Glen Burnie 6M° BP 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Titchie Hgwy Balto Md **DHMH - 17** (VR A15 ME (5))

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ij	3. SE)	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
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		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/3/85								
		CLIFF	PRATL	IFFI I	R.	5712 W	Baltimore Vegu	Md. MAC		
	(BURIAL, CREMATION, REN				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

Items 18-22a 9/16/85 mtb F#607

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

200361

FOR

- STATE REGISTRAR

1. DECEASED NAME OR PRINT)

Charles

A.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

Coppolino

8 20. DATE OF DEATH

July 17, 1985

YEAR

2b. HOUR

Male	White	hite June 26 1914		71 YRS.					
BIRTHPLACE (STATE OR FOREIGN COUNTRY) . Maryland	U.S.A.	2Y? 8	DE NEVER MARRIED	9. BALTIMORE CITY O		MD.			
Baltimore	Good Samar	HOSPITAL, NURSING HOME OR OTHER INSTITUTION			120. USUAL OCCUPATION (IVPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR Bartender Ret.				
Maryland		OWN	13d INSIDE CITY LIMITS? YES PO O	13e.STREET ADDRESS	ZIP CODE	enue	21212		
FATHER'S NAME FIRST Samuel	Copp	olino	15 MOTHER'S MAIDEN NAM	WE		Lanz			
	war or dates) I Army 220-09		Jennie Copp	olino 1000		e Ave.	21212		
18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per line for (o), (b), 8Y: E CAUSE (o) CAVO		(nowmy	orvest		RETWEEN O	MATE INTERVAL ONSET AND DEATH		
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21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE		
22a I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	view the body ofter death. PRINT! Chulthei	141	, 19	MEDICAL STAI DIRECTOR ☐ PHYSIC	ote and hour o				
BURIAL, CREMATION, REMOVAL (SPECERY) Burial	Jul 20 1985		emetery or crematory as of Faith	23d LOCATION CITY OF LOWN Baltin			aryland		
Leonard J. Ruck	, Inc. Baltim	ore, Ma		E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	JRE		

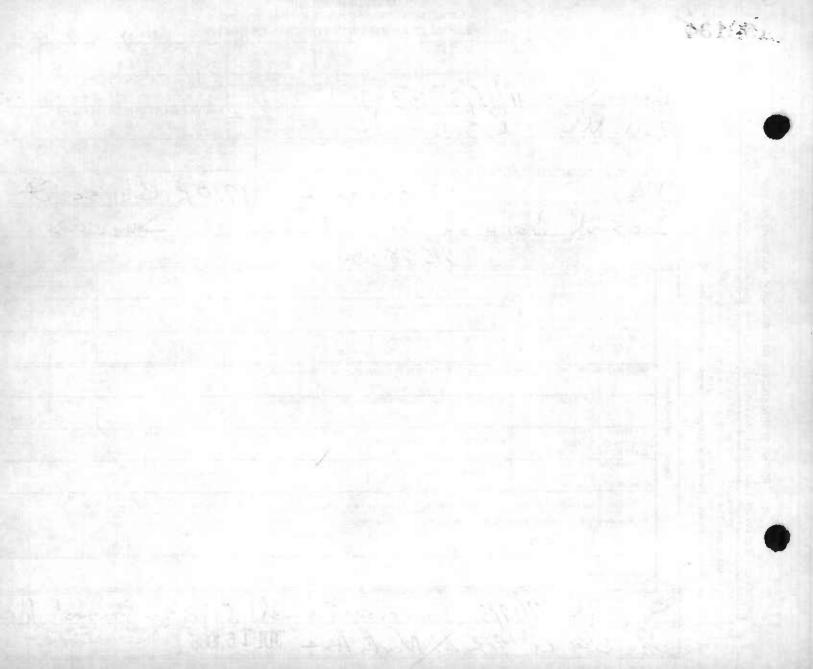
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN TYPE CHEMINITY OF ESTI-85 DEATH MATED JOSEPH 13 CORNISH 19 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTHS PRONOUNCED 9:45 85 DEAD 19 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED -DIVORCED Baltimore City 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! OR INDUSTRY 1710 E. Chase St. Baltimore 13b. COUNTY 13d. INSIDE CITY EIMITS? H. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE IN U.S. ARMED FORCES SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Alcoholism DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19e DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AGE 4 SHOULD BE FORM O FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST AMERINOSE MARYLAND 2 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes X death resulted fram: Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-14-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS LIFE EMATION REMOVAL BP

07/84 25M

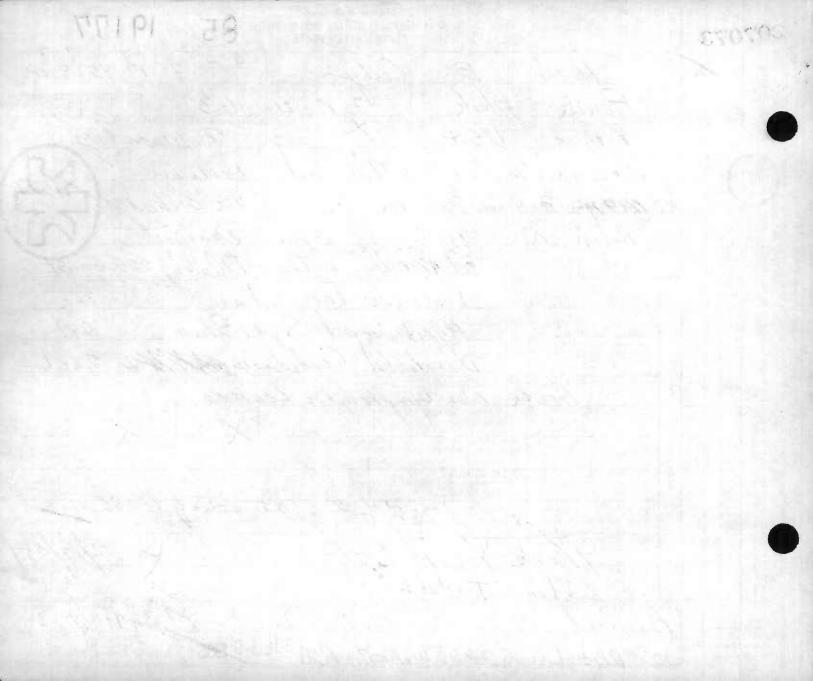
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N		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
by be age 3 deoth	1	Robert	E.	Corr	igan	Sr.		7- 24-	85	1:30P.W	
ge 4 mag ector, pa	3. SE	Male	White		5. DATE OF BIRTH MONTH 4 0427 1791 15		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corban papers. Pages Frand 2 should be filled the and Mental Hygiene prior to buriol, cremation, or removal. Orked or them 18 shows any injury, or other traumatic event, the medical graphs injury or other traumatic event, the medical graphs in the process of the p		Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
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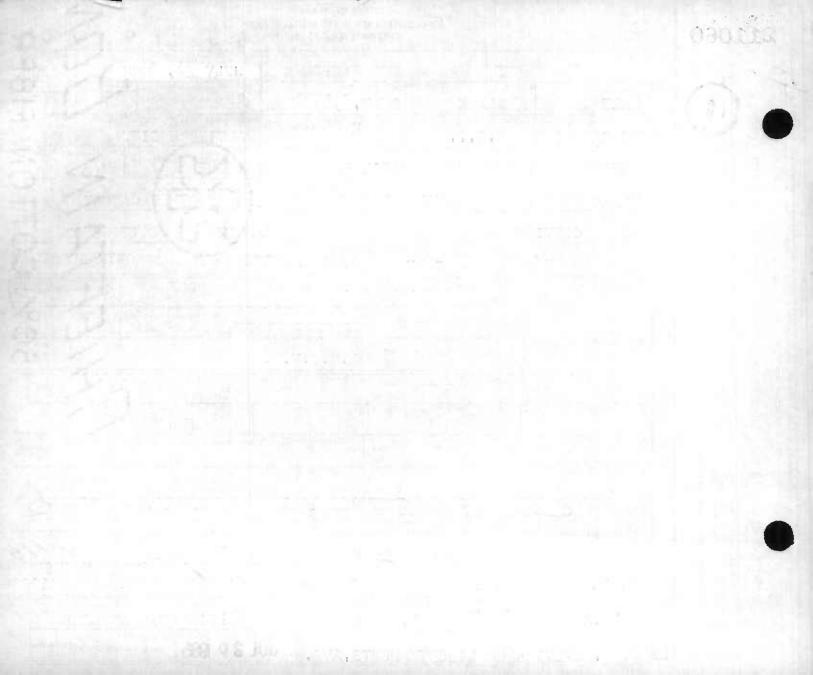
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₽ € BP.			23a. B	URIAL, CREMATION, REMOVAL SPECIFY BURIAL	7/30/		AUB		CREMATORY	BALTIMO	RE,	MARYLAI	ND STATE			

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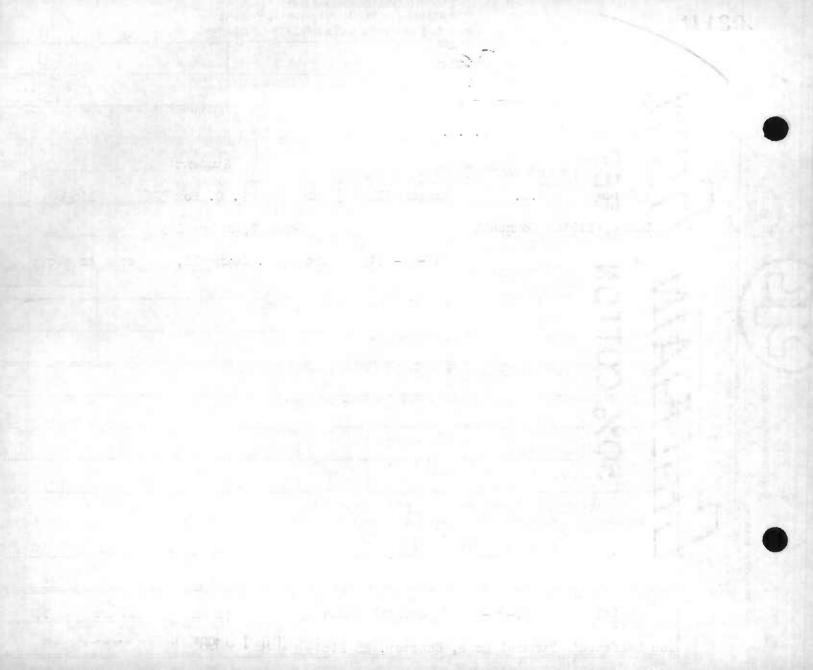
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LEROY O LIBERTY 4600 O. DYETT HGHTS . AVE. BALTIMORE, MARYLAND

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JUL 26 1985



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	AND DELAY IS NECESSARY, PLEASE 3, AND 3 TO THE FUNERAL DIRECTOR. SHOULD BE FILED, WITHIN 22 HOWES LRECORDS, ROUW, PRESTON STREEN		Baltimo	re I		Johns H			ital				dent	1		01(11/005)	, ,
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO	PENDING" PENDING" PENDING" PENDING" PAS A BUR PEALTH ANI	7	PART 2 OTHER SIG	NIFICANT CON	OITIONS CONT	RIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMI	NAL OISEAS	OR CONDITION	GIVEN IN PART	1 100.					
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	AINER: THIS CERTIFICATE SHOUI FICATE, WRITING THE WORD." EF CRWARDED TO THE CHIEF TORE: PAGE 3 SHOULD BE USE H THE STATE PEPARTMENT OF H DANU, 21201 PRIOR TO BURIAL		AT WORK	AT WORK	K	roa	<u>d</u>		Ki	ngs St	core R	d. & F	t. 18,	Gras	onvi	lle,Qu	
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYDAND, 21201 P	23 o. Bl	JRIAL, CREMAT					NAME OF CEM		NDDIKE 33		123d LOCATI	ON				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20218E - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR RECE NO. I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Daniel B. DEATH MATED X Craig 719 85 4 RACE 6. AGE IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 2c DATE LAST BIRTHDAY 10:43 PRONOUNCED Male White Dec 16, 1931 DEAD 19 85 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, U.S.A. Missouri WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore 701 Cathedral Street College Professor U of Balt. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 701 Cathedral St. 21201 NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Horace Craig Lelia Burks 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS IYES, NO, OR UNKNOWN) 490-30-8676 Rocco DeRosa 5525 Cedonia Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ATE, WALLEY OF THE CONTROL OF A STATE DEPARTMENT OF HEA 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY JATHOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection X MARYLAND 228. I certify that I took charge of the remains described above, held an Autopsy PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE Natural causes X death resulted from: Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 7/9/85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Westview Memorial Baltimore Maryland Cremation Jul 12 1985 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5)) winds - Rando 82

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STATE OF MARYLAND

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d # f	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY								
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sicion pers. P ol.		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), o	nd (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
th certificate ading physici corbon popel or remaval.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0). CARDIOPULMONARY ARREST													
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ow prio	CAT	190 DATE OF OPERATION	THE CONDITIONIFOR WHICH	HOPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?								
The land of the street of the	TE					YES NO YES									
Z & G O T &		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)								
HYSICIA ding ph is certif bunol-t Mentol	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19											
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R ATTE hospital hospital hospital hospital hed for them 21 tem 21		saw the decoased alive an	It were the body after death.	0.5	nd that in (my) (aur) opinian o	death accurred an the date and hour	and from the causes stated								
		226 SIGNATURA	X		DEGREE		22c DATE SIGNED								
1 - 1 - 0		1	Homes	M		MEDICAL STAFF DIRECTOR PHYSICIAN	17/27/85								
HOSPITAL bined by the FUNERAL build be det th the State		22d PHYSICIAN'S NAME TYPE			22e. ADDRESS	RCH HOSPITAL CO	ORP.								
TO HOSPITAL etained by 1 TO FUNERAL should be de with the State		DAVI	D KASS M.D.		100 N	N. Broadway Ba									
77 76 8		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION									
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(VRA 15, 4)	Wm. C. March F/H 1101 E. North Ave. JUL 30 1985 Juli Duit														

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STATE OF MARYLAND

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral directo should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examples of the standard of

ITENDING PHYSICIAN: The low

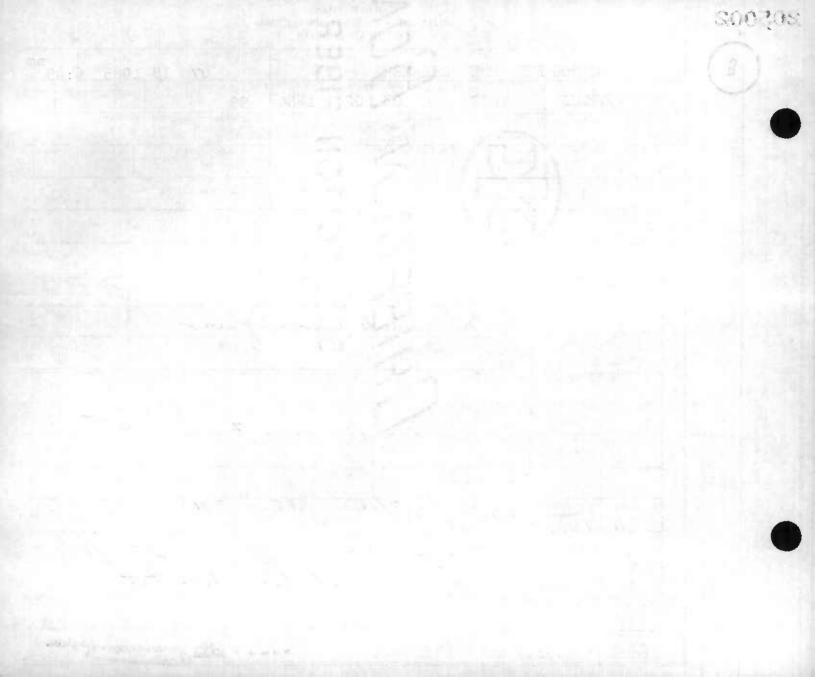
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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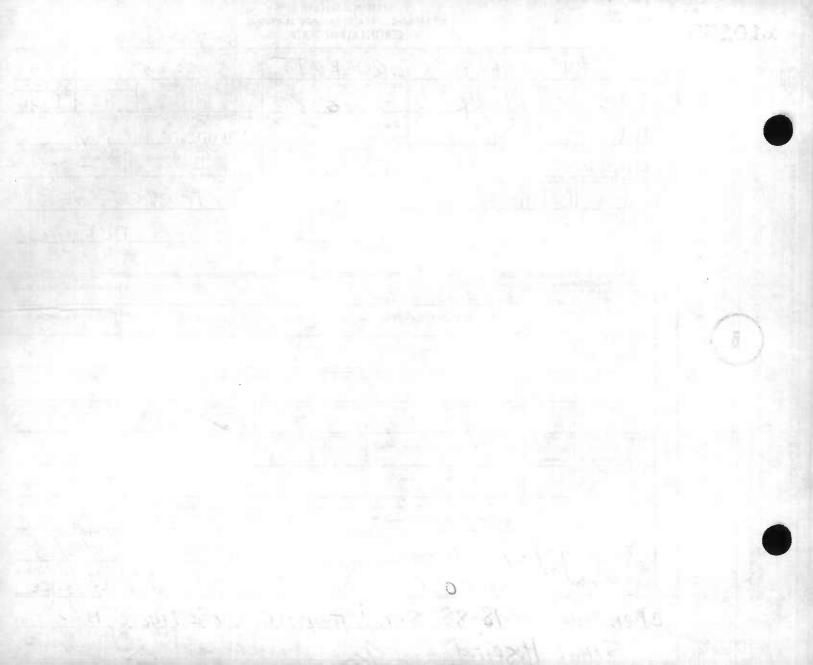
Ambrose ,Inc.1328 Sulphur Sp.Rd.

11.	FOR STATE	DEPART			MENTAL HYGI	IENE	g-sale.		A 1	0 /)
	REGISTRAR		CERTII	FICATE OF	DEATH	8	REG. NO	. 1	7 !	0 2	-
	CEASED NAME FIRST E OR PRINT)	WIDDLE		LAST	PO TO	2a. DATE O	F DEATH A	MONTH	DAY YEAR	26 HOUR	am
	KATHERI	NE NMN CRE	CAMER				07	18	1985	6:45	
3. SE	X 4	RACE	S. DATE			6 AGE (IN	YEARS LAST BIRTH	HDAY)	IF UNDER 1 YE	AR IF UNDER 24	4 HRS
	FEMALE	WHITE	03	1 02°AY	1886	99		VDC	MONTHS DAY	HOURS	MIN.
70. B	IRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	? 8				ORE CITY OF	YRS.	Y OF DEATH		
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7	AL RESIDENCE HE NURSING HOME OF O			u I		Hous	e Wif	e	Own	Home	
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		imore Catons	ville		NO E		Shady	No	okRd.	21228	8
y JA F.	ATÉER'S NAME	IDDLE LAST		15 MOTHER	S MAIDEN NAM	WE	WIDDLE			LAST	
A A	ndrew Gebhard			Barb	ara Gal	hr	WILD CE			(AU)	
160.3	MAS DECEASED EVER IN ILS ARA	NED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADDRES				
N	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 212-74-	-9151	Marj	orie No	011 2	611 C	hes	ley A	ve.213	234
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		DUE TO, OR AS A CONSEOU	UENCE OF	land	irrhose	a of 0	10.00				
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CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS					
E						YES X	NOU		ES CAUS	NO T	13
- 3	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121c HOW I	NJURY OCCURR	-			LELI		
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR			(2.012				1	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M,	19								
A S	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	21f LOCAT			CITY OR TOW	VN	COUNTY	STA	ATE
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	22a. certify that (be this hospital	7110	7/	16	19 95	, to	7/18	2	19 85	_, that (I) we	ellost
	saw the deceased alive on obove (U (we) did / did not)	view the body after death	85 1.0	nd that in (m)	(our) opinion d	death occurre	d on the dot	te ond ho	out and from t	he couses state	ed
	22b. SIGNATURE	2010		DEGREE					22c DA	TE SIGNED	
	Villean	~ & Leeker	_ (mo	ATTENDING PHYSICIAN	MEDICAL	STAFF		7)	18/85	-
+	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRE		DIRECTOR	O al	AIV		-	
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	14 20				- 0		- 0	/	0		
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c.	NAME OF	EMETERY OR	CREMATORY	23d. LOCA	ATION		COUNTY	STA	TE
	urial	7/20/85 L	oudon	Park	Cemet	ery B	altir	nore	City	, Mary	lan
	UNERAL DIRECTOR				25a. DATE	E REC'D. BY F	REGISTRARIA	Sh REGIS	TPAP'S SIGN	ATLIPE	
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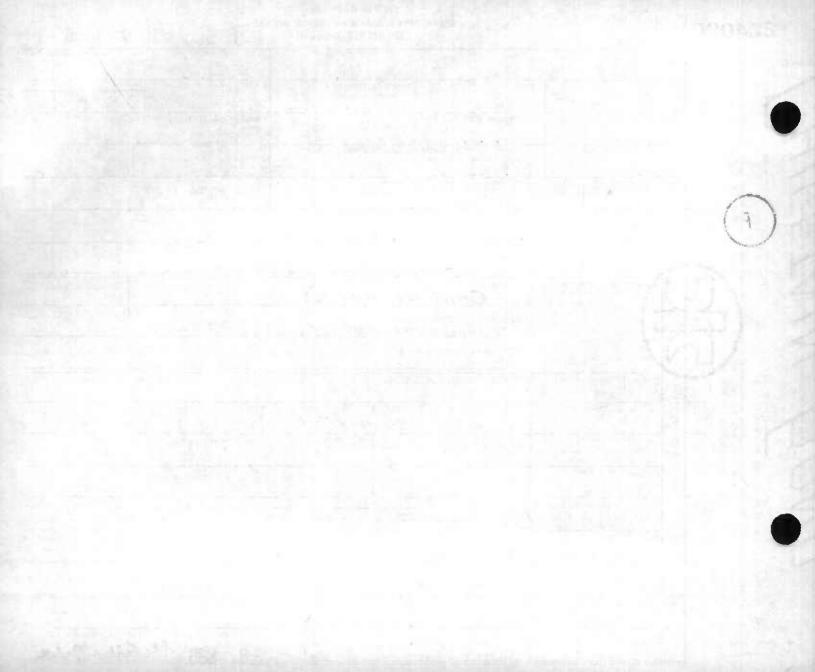


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STATE OF MARYLAND



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DIVISION OF VITAL RECORDS

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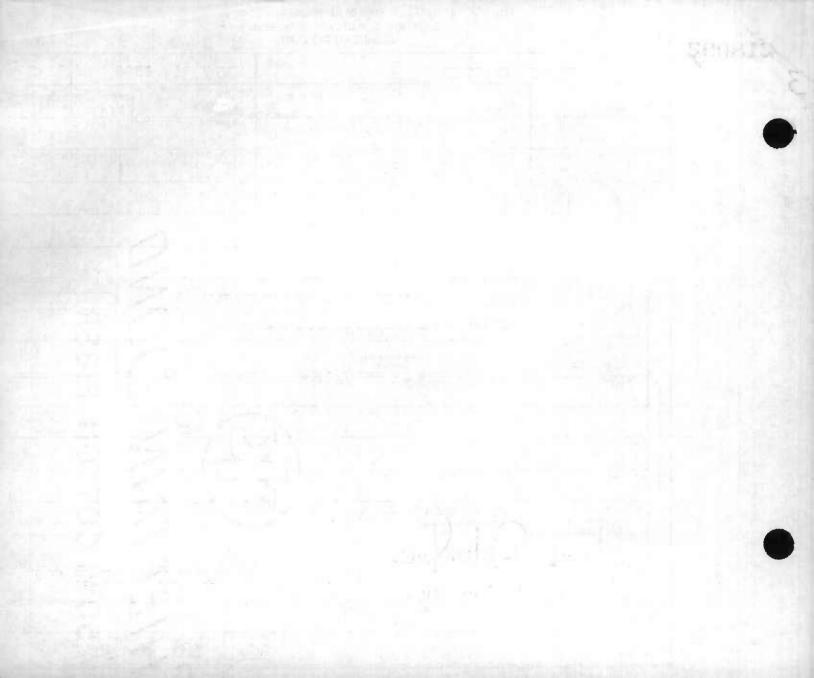
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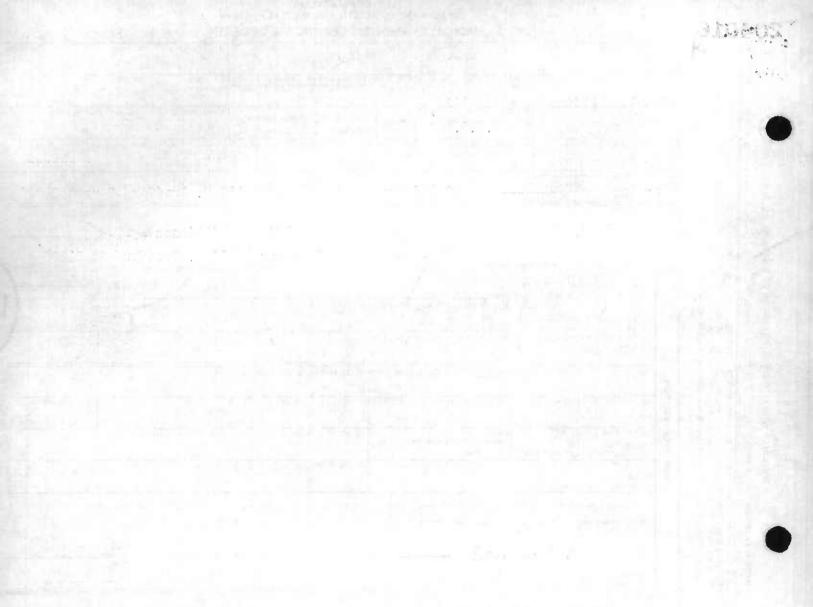
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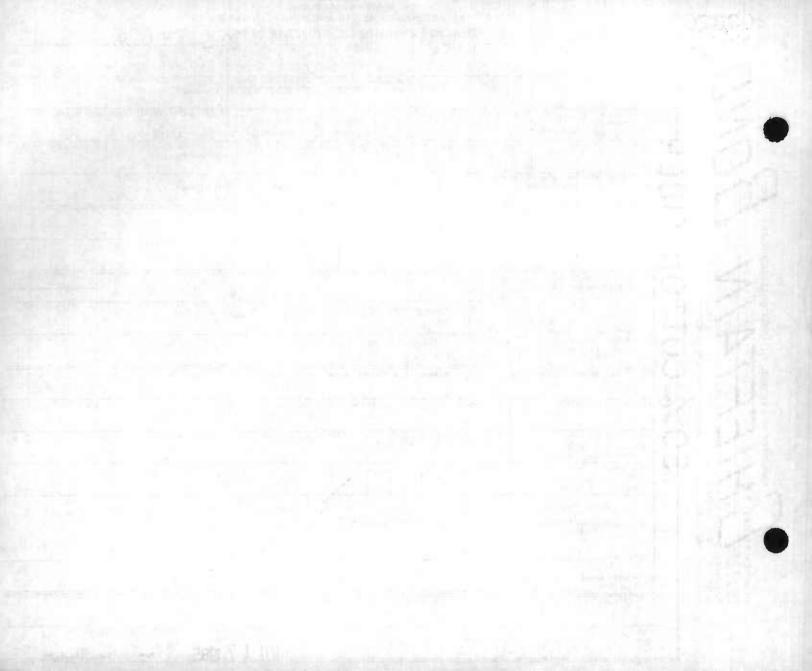


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 204016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH-REGISTRAR REG.NO. 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, 9 **FMMA** DEATH MATED 1985 LOUISE CULOTTA 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. S. DATE OF BIRTH IF UNDER 24 HRS. DATE 2d HOUR 49 yps PRONOUNCED 2;35 1985 DEAD White May 5, 1936 Female 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City I CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Home maker OR INDUSTRY Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS VES NO 1 119 N. Bradford Street 21224 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Wilkinson ADDRESBaltimore, I'd. Alvin O Frampton TAL SOCIAL SECURITY NO IYES, NO, OR UNKNOWNI 219-26-5484 Diane Paugh 119 N. Bradford St 21205 18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [FOWWARDED TO THE CHANGE PAGE 3 SHOULD BE LETTE STATE DEPARTMENT CAND 21201 PRIOF TO BUE NO S 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREE CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 21 Inspection X 220. I certify that I took charge of the remains described above, held an and in my opinian Notural couses X Homicide Undetermined monner Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-13-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE July 16,85 Dulaney Valley Mem Gar Cockeysville, Md 07/B4 24 FUNERAL DIRECTOR The Dippel Funeral Homes, Inc. 25M 258 REGISTRAR'S SIGNATURE **DHMH - 17** 7110 Belair Road Baltimore, Maryland 21206 (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND 203370 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS J. JOHN CURRY DEATH MATED 1985 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 2 27 Male Black 30 55 DEAD 19 85 TO BIRTHPLACE ISTATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) N.C. USA WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY 925 Harlem Ave. Baltimore 13e. STREET ADDRESS 925 Harlem Avenue 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? MD 21217 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles Curry Cassie Richardson 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 238-40-9092 Pearlie Davis 925 Harlem Avenue No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Alcoholism DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITE F FORWARDED TO THE CTOR: PAGE 3 SHOULD BE U! THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF US YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. EXECUTE THE CERTIFICE COMMANDED TO FUND BE FORWARD TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARD FOR THE STATE DEPRACE OF THE STATE DEPARTMENT OF THE 21d IN JURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM ETC 1 CITY OR TOWN STATE COUNTY Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Natural causes death resulted from: Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7-13-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE. Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION Burial Baltimore MD 7/18/85 Mt. Auburn Cem. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. & a Davidson Bandson (VR A1S ME (5))



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STATE OF MARYLAND

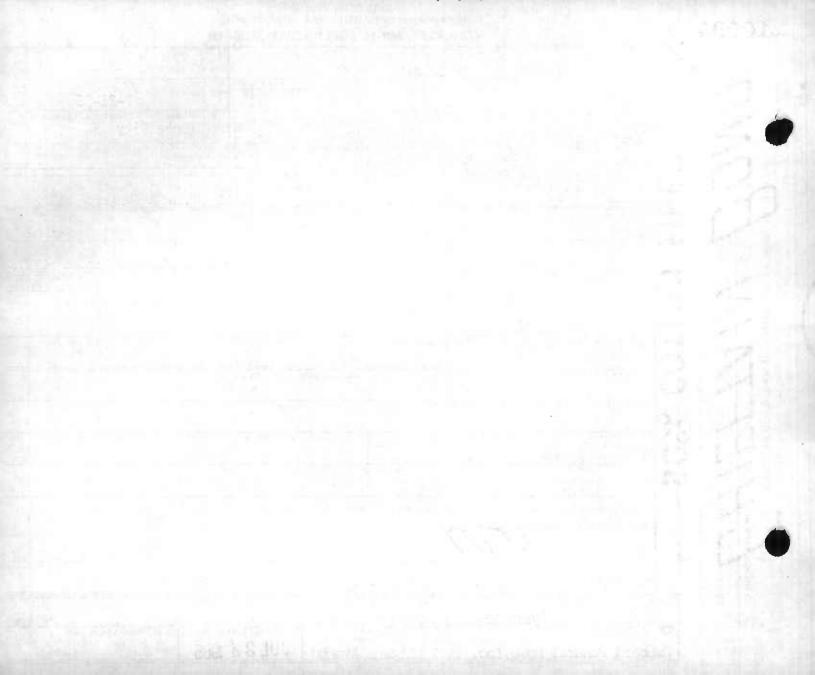
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OR ATTEN on ATTEN DIRECTOR sched for u Dept of He	above (li garda) (did n	ot view the body after death.	, and that in (my (lau) opinion	death accurred on the date and	hour and from the causes stated					
	77h SIGNATORE	11	DEGREE	MEDICAL STAFF	22c. DATE SIGNED					
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TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOUD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P		EXAMINER'S	NAME G	regory	R. k	Cauff	man N	1.D		11	Penr	Street				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

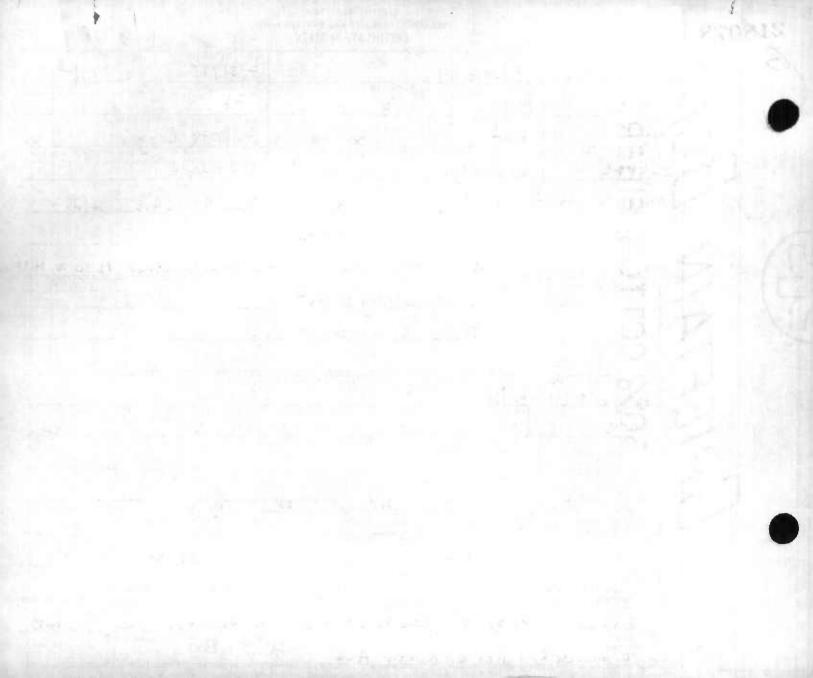
CERTIFICATE OF DEATH

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- STATE CERTIFICATE OF DEATH REGISTRAR FG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b (TYPE OR PRINT) Vanie 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER I YEAR MONTH DAY YEAR male black TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE! INDUSTRY nemployed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b/COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES X NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Unknown unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT eet-Carrie Gaither 1630 N. Hill (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? nune NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from JULY 2 Tulu saw the deceased alive on July 31 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN 22e ADDRESS ld b ristimund University 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY [SPECIFY] STATE Buria BP. Balto Westview Man. 8k AUG 2 1985 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Wm. C. march E/H 1101 E. North

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

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AL DIRE letoched ite Dept. T. If Item	226 SIGNATURE	ma-m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	222 DATE SIGNE

IMPORTANT:

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURJAL, CREMATION, REMOVAL

230 BURIAL, CREMATION, REMOVAL 236. DATE 1236. NAME OF CEMETERY OR CREMATORY 1250 LANGUA LA LANGUA 63 500 Colmon St 250. DATE 1250. DATE 1250.

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 SREG. NO	o. 1	9	90
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OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND C	F BUSINESS OR
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S DECEASED EVER IN U.S. A	RMED FORCES?	579-12-3		Valerie Mitc	ADDRE Chell Davids		39 Clif	fton Ave
& CAUSE OF DEATH (Enter of	inly one couse per	line for rol, (b), and	dicil				APPROXI BETWEEN O	MATE INTERVAL
PART I. DEATH WAS CAUS	ED BY:	etastati	e Car	cinoma of Th	e Lung			1985
		R AS A CONSEQUE				7 (1)		
Conditions, if ony, which	(6)							
gove rise to immediate couse (a), stating the	DUE TO O	r as a conseque	NCE OF					
underlying couse lost.	(5)	K AS A CONSEQUE	ITCE OF					
Chronic Obst							N IN PART 1	0
DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	
					YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
) OR ACCIDENT WAS UNDERLYING OF DIESE O	AIH	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	

CERTIFICATION 21d. INJURY OCCURRED

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

211 LOCATION

CITY OR TOWN

that in (my) (our) opinion death occurred on the date and hour and from the causes stated

85

STATE

COUNTY

sow the deceased alive on Japanove, (1) (we) (did) (did not) view 22b. SIGNATURE

DEGREE

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

224. PHYSICIAN'S NAME (TYPE OR PRINT) DR. Tim Low, M.D.

NOT WHILE

22a. I certify that (I) (this haspital) attended the deceased from

22e ADDRESS

ATTENDING

c/o Maryland General Hospital

230 BURIAL, CREMATION, REMOVAL BURIAL

236 DATE 7/15/85 231. NAME OF CEMETERY OR CREMATORY Garrison Forest VA

Owings Mills,

STAT Md.

24 FUNERAL DIRECTOR

DECE (TYPE O 3. SEX

7a. BIRT No IO. CITY

JSUAL Bo ST. Ma 4 FATI

160 WA

F. H. 1101 E. NorTH. ALE.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Page , 2, 200

gold county les

Chromid Observantive sul query Ministra, Aultinie Spones

. Project 10, 25 only 3,

LOW SELECTION OF THE STATE OF T



	1	STATE OF MARYLAND										
203398	1.	FOR STATE			OF HEALTH AND M		IENE	1 0	1	9 8		
1	Ľ.	REGISTRAR		CEI	TIFICATE OF D	EATH	8 REG. NO	0. 1 7		, 0		
m.s. (OR PRINT	MIDDLE		LAST		20 DATE OF DEATH	MONTH DAY		26 HOUR		
fy be		DORO7	127 L.	D	avis		7.	16.	85	12:22 AM		
DE DO	3 SE	٠	4 RACE		ATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS		
rs of		Temale	B lack		1 16	37	48	YRS.		MIN.		
Po de Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	RRIED NEVER M	ADDIED T	9 BALTIMORE CITY Q	R COUNTY OF	HTASC			
or of O	-	aware	USA			ORCED [Baltimore	City		MD.		
in the second	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPIT			TUTION	120 USUAL OCCUPATE	ON I	ADUSTON	F BUSINESS OR		
s of	Bá	altimore	University				State Prog Specialist	cam" - T		Governme		
Poor 2//	USU.		ROTHER INSTITUTION, GIVE RES	TY OR TOWN	13d INSIDE CI	TV HAAITS?	13e.STREET ADDRESS		Cit	9000		
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thin shy		THER'S NAME			15. MOTHER'S		ME	Ne F _ ALVANAY	15002			
1 11 00	.Re	ev. Delaney	L Dav	is	Lessie	IRST .	WIDDIE		COY	bin		
1 17		VAS DECEASED EVER IN U.S. AR		OCAL SECURITY		VT TV	ADDRE	s Wil		ton Del.		
1212		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1/24/158	3 Lessie	Wing	(mother) 11					
7 M.V		18 CAUSE OF DEATH (Enter or						T		MATE INTERVAL DINSET AND DEATH		
人概語		PART I. DEATH WAS CAUSE	D RV.	udiop	Immay	an	12 0					
5 20 3		IMMEDIA			0					0.740-0-0-		
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he of the of the of the of		gove rise to immediate couse (a), stating the	DUE TO, OR AS A		DE.		4					
by by I. cr.		underlying couse lost		unte m	1 - lymph	ru lie.	leer/lemia					
ned ned no ple		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB					DITION GIVEN I	V PART IIo			
The The Injuri	CERTIFICATION	HALL SHARE										
ow be	S	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPER	ATION WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED OF DEATH?		
hos hos	E						YES NO	YES 🗌	_	NO 🗌		
hysici hysici Hygin Hygin 18 sh		21a. ACCIDENT WAS UNDERLYING		RY ONTH DAY Y	210 HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)			
certification of the miol-t	MEDICAL	OR CONTRIBUTING CAUSE OF DE.	-1111		19							
his of his of his of his of his	Ē	21d INJURY OCCURRED	21e PLACE OF INJI		21f LOCATIO	N	CITY OR TO	WN (COUNTY	STATE		
otte otte s thr	>	WHILE NOT WHILE	(Al Home Sheet), the	ON I, OFFICE, FARMEET								
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (this hosp	ital) attended the deced	osed from		. 19	, to		t	hot (I) (we) lost		
TTE		sow the deceosed alive on above, (1) (we) (did) (did no	ot) view the body ofter d	19	, and that in (my) (our) opinion	deoth occurred on the de	ite and hour one	I from the o	ouses stoted		
hos hos hos hos hed hed hept.		276 SIGNATURE			DEGREE				22c. DATE S	IGNED		
AL CAL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		MALE	TAD		A) P	HYSICIAN [MEDICAL STAF	IAN	7.16	6.85		
FUNER.	1	THE PHYSICIAN'S PLAME ITTE	1/		22e ADDRESS				4.1	11		
4 0 0 0 4 0		JAMES 4). KMET	SO WD	22	5. 61	eene St.	U. MD	1200	netas		
5 5 5 ₹ ¥ ₹ 		BURIAL, CREMATION, REMOVAL	23b. ATT	23c NAME	OF CEMETERY OR C	REMATORY	23d LOCATION					
BP/1/9		Burial	July20, 1	985 Grac	elawn Mem	. Park	New Castle	, New Ca	stle	Delaware		
DHMH - 16-60M 3/84	24 F	INERAL DIRECTOR	1	FADORESS /	•	25d DAT	E REC'D. BY REGISTRAR	256 REGISTRAR"	SSIGNATU	JRE		
(VRA 15, 4)	5	- RARRY M	(-91)	20/20	YA YAN	P JI	1 6 1985	Fichia Davi	doon-h	outries.		

141-M - DPhA



DHMH - 16 60M 7. (VRA 15, 4)

206043	1.	FOR STATE REGISTRAR	DE		CATE OF DEATH	IENE B G. NO.	19199
moy be poge 3 ter death		CEASED NAME GRACE	MIDDLE ·	DAVI	S _i	20 DATE OF DEATH MONTH	-15-85 905 PM
ge 4 may	3. SE	F FEMALE	B BLACE	S DATE O	7, DA 1911 ^{EAR}	6. AGE (IN YEARS LAST BIRTHDAY) 73	MONTHS DAYS HOURS MIN.
leoth. Po in 72 hour		RTHPLACE (STATE OR FOREIGN COUNTRY) DELAWARE	76 CITIZEN, OF WHAT COU	MTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	CITY MD.
by the fulled with	В	ALTIMORE	11. NAME OF HOSPITAL, IN CONTROL OF HOSPITAL, IN SUCH FACILITY, GIN DEAT	NURSING HOME OF STREET ADDRESS)	CAL AND HOSP.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 126 KIND OF BUSINESS OR
filled in rould be			OTHER INSTITUTION GIVE RESIDENCE ITY OF BAL	R TOWN		130 STREET ADDRESS / ZIP C	TON MEDICAL CTI
hed with	D	REESE		INDER	SARAH	JÄNE	WILSON
e e e e e e		VAS DECEASED EVER IN U.S., AR/ YES NO OR UNKNOWN) (IF YES NO OR UNKNOWN) (IF YES NO OR UNKNOWN)	e war Or Dates) 219-	07-7095	MRS. JACQU	ELINE BAILEY	512 NORMANDY
g physical on poper removal.		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIAT	y ane cause per line for 19 DBY E CAUSE (a)	ondic I	Sloor n	sult	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death or signed by the ottendine hen please remove car to burial, cremation, or other troumating.	No	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION	ISEOUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART 110
he low red on. hos been t permit T ene prior I	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
SICIAN. T ing physici certificate rial-transi entol Hygi frem 18 sh	EDICAL CER	21a. ACCIDENT WAS UNDERLYING	TH HOUR A.M. MONT	TH DAY YEAR	Lack to the	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART 2)
ottendir ottendir fler this os the bu	MEDI	21d INJURY OCCURRED WHILE ON THE OF	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATENDIII sspirol or CTOR A I for use of Heolt		220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not	7//6	19 85 , an		eath occurred on the date and	19 that the causes stated
TO HOSPITAL OR retoined by the ho TO FUNERAL DIRE should be detached with the Store Dept IMPORTANT: If then		226 SIGNATURE	D. Gla	Dec.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/16/56
BP	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7-22-85		METERY OR CREMATORY	OWINGS MIL	
DHMH - 16 60M 7/B4 (VRA 15, 4)	13.	ROY O. DYFTT	4600 J IB.	DRESS IGHT - AVE	25a DATE	REC'D. BY REGISTRAR 25 RE	GISTRAR'S SIGNATURANO

STATE OF MARYLAND

(VRA 15, 4)

DHMH - 16 60M 7/B4

Burial 7-29-85

77h SIGNA

24 FUNERAL DIRECTOR

220.1 certify the (III) this hospital attended the deceased from sow the deceased alive on 19

K. Coffman Funeral Home Inc.

ALIONI

DEGREE

Rest Haven Cemetery Hagerstown, Washington, Md.

Hagerstown, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Act. MD 2,120

and that in my (our) opinion death occurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN Me ADDRESS UNAS, 2250 GREENEST

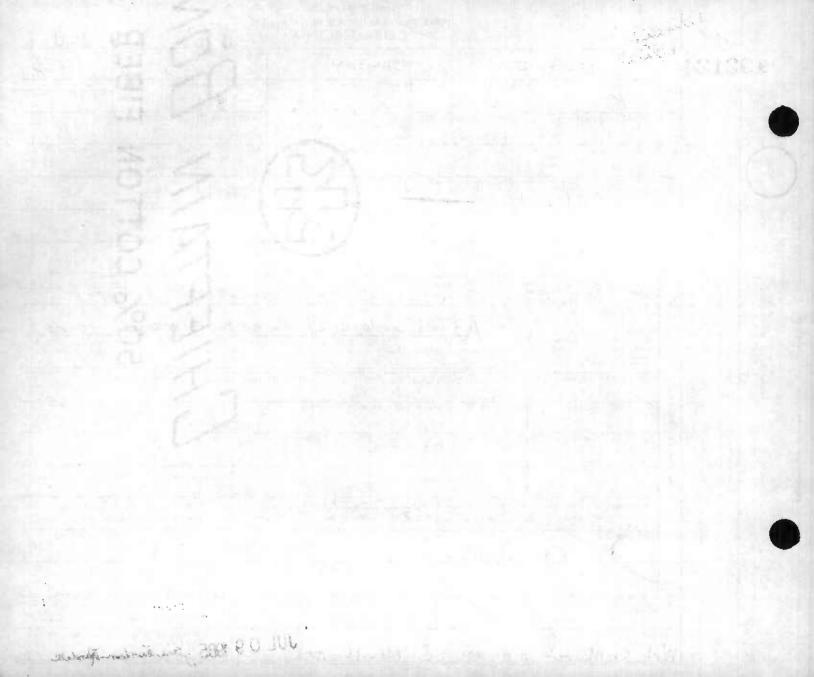
Julia Davidson- Rondo

22c. DATE SIGNED

c b b A DENTE THE WAR TO 3 3/22 SAME SAME TO SAME TO SAME TO CAMPAR PROPERTY THE STREET STREET AND THE PROPERTY OF THE PROPER STATE TO SHALL TO SHALL BY THEY A WAR THE SHARE THE COURT WIND TO SHARE TO THE STATE OF T (minumumanum) THE SE WAS THE WAS DESIGNATED TO The Addition of the Control of the Control of the The secretary and the second s 12211 1011 Threal a learner thank have three three three town, bankinghould lid . aderatowa, dr. M.K. Coffmen Funeral Maxe, Inc. ..

1	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 RES NO	o. 1 9	201
192124		CEASED NAME FIRST	SIE E.		SON	20 DATE OF DEATH	MONTH DAY YE	2b. HOUR
e 4 moy	3 SE	×	4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1	
DE 11 86	100	IRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76 CITIZEN OF WHAT COL	INTRY? 8	NEVER MARRIED	Baltimore CITY O	R COUNTY OF DEAT	H
70134		Baltimore	North Charles	s General	Hospital	12a USUAL OCCUPATI		ND OF BUSINESS OR STRY
1 35	13a.	ALRESIDENCE (IF NURS) ME OF STATE Aryland	OTHER INSTITUTION GIVE RESIDENCE NTY 131 CITY C Balt	CE BEFORE ADMISSION) OR TOWN	136. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2715 Delk	ZIP CODE Court 21:	222
ompletel	14. F.	ATHER'S NAME John	Dors		15. MOTHER'S MAIDEN NA. Mary	WIDDLE		Simms
be execut		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIN JNKNOWN	F WAR OR DATEST	16-7103D	Howard Daws	addre on 2715 Dell		
leath certificate thending physicic ve corbon paper ion, ar removal.		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which	TE CAUSE (a) COY (dra-pu		nell	scare.	PROXIMATE INTERVAL MEEN ONSET AND DEATH GRA- 4 Cars
and by the o	7	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON		NOT RELATED TO THE TERM			RT No
he low resp. Ont. I permit The ene prior to Ows city right.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FI	INDINGS USED USES OF DEATH? NO
PercSCIAN, T ending physics this certificate of Mercal Hyg d or hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	HOUR A.M. MONT	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		
TENDING artol or oth TON After for use on th of Health or 21 is marke	-	WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hasp sow the decosed alive an above (1) (we) (did) (did or	M /	19 85 00	d that in (my) (aur) opinian	to 7 - 6	19_85 ate and have and from	
O FUNERAL OR A TOWNER OF THE PORT OF THE P		226. ST. TURE	(DECHE)		ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FF	DATE SIGNED
BP		BURIAL, CREMATION, REMOVAL	7/9/85		emetery or crematory Calvary Cem.	Anne Arur	ndel Co,	Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	M. C. Massel	- F.H. 110 1	DORESS No.	- th Ave 300	e rec'd by registrar 0 9 1985	25b REGISTRAR'S SIG	NATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 31200



		1			STATE OF MARYLAND		
		1	FOR STATE	DEPARTM	NENT OF HEALTH AND MENTAL HYG	IENE	0000
217	04	t'	REGISTRAR		CERTIFICATE OF DEATH	8 RG. NO.	9 2 0 4
	U I	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
2 40	1	1	Ethel	Jeannette	Day	7	23 1985 M
No da	10	3.58	X: 4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 96	T		Female	Black	MONTH DAY YEAR 11 01 1896	88 YRS	MONTHS DATS HOURS MIN.
6 6 6	100			LOUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 EF	24	1	Maryland	U. S. A.	WIDOWED X DIVORCED	Baltimore City	MD.
1 11	300		ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 CHILD DE BUSINESSTOR
1 11	11	1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST OF WORKING A	Pres. of Coppir
1 01	200	USU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		DE1122 N. Carrolli
2 12	34	1	STATE 136 COUNT				. Maryland 21217
1 74	\sim	-	Maryland	Baltimor	15 MOTHER'S MAIDEN NA	WE DOTCTHOLE	· Mar A Talla STST
1 10	20	4	Y WET M	DDLE LAST	FIRST	WIDDLE	LAST
1 56	701	1160	Jacob WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT		Mc Intosh arrollton Avenue
100	9 /		(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			
2 5	E/	-	No.	220-36-2		th Baltimore, I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	1		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line far 1, (b), and BY:	10	anest	BETWEEN ONSET AND DEATH
T Do	-		IMMEDIATE	CAUSE (a)	inesquarry	cook of	
4 Be 30	nother	-		DUE TO, OR AS A CONSEQUE	NAS OF 1		
8 60	TO TO		Canditions, if any, which gave rise to immediate	(b)	SCUL		
1 415	45.6		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
that the	0 10	12	underlying cause last.	(c)			
1 0 d d d d d d d d d d d d d d d d d d	4	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
The state of the s	1	No.	X		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
d ded	0 /	ICAT	19a DATE OF OPERATION	198, CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
The Con	12	1 2		THE OS BURBY	21. HOW BUILDY OCCUP		YES NO
A Paris	= 6	3 8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SECTION OF PROPERTY OF PROPERT	1	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
E4 125	0	MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
95 150	1	1	NOT WHILE AT WORK				
NO A W	1		22a.1 certify that (1) (this haspite	al) attended the deceased from_	, 19	, to	., 19 that (I) (we) last
## Bas	5 5		saw the deceased alive an	view the adv after death.	, and that in (my) (aur) apinian	death accurred on the date and ha	
the state of the s	1		22b. SIGNATURE	0//.	DEGREE		220. DATE SIGNED
4 4 4 4	-		9. W	Weam or	AT ENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
SPITA d by NERA be de	37	1	22d. PHYSICIAN'S NAME (TYPE OR	PRIH41)	Zze ADDRESS		
D FUN	ğ		Dr. William S	lot	9 E. Chase	Street, Baltimo	re, Md. 21202
54 54)	3	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP			(SPECIFY) Burial	7/29/1985 Art	outus Memorial Parl		timore, Maryland
BUMU		24 1	Natter & Sons Fu		25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	
DHMH - 16 60/ (VRA 15,		2	501 Gwynns Falls	Pkwy. Balto. Mo	1. 21216	131 1985 Jan	keydson-Nanoese

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Salthur, Farylan	and for			idelar Nutler d lens tun 2501 Geynnm rulla

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211	AIL.	UL	me	KIL	ANU	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10.	9	2	0	
ATE O	FDEATH	MONTH	DAY	YEAR	2b. HC	DUI

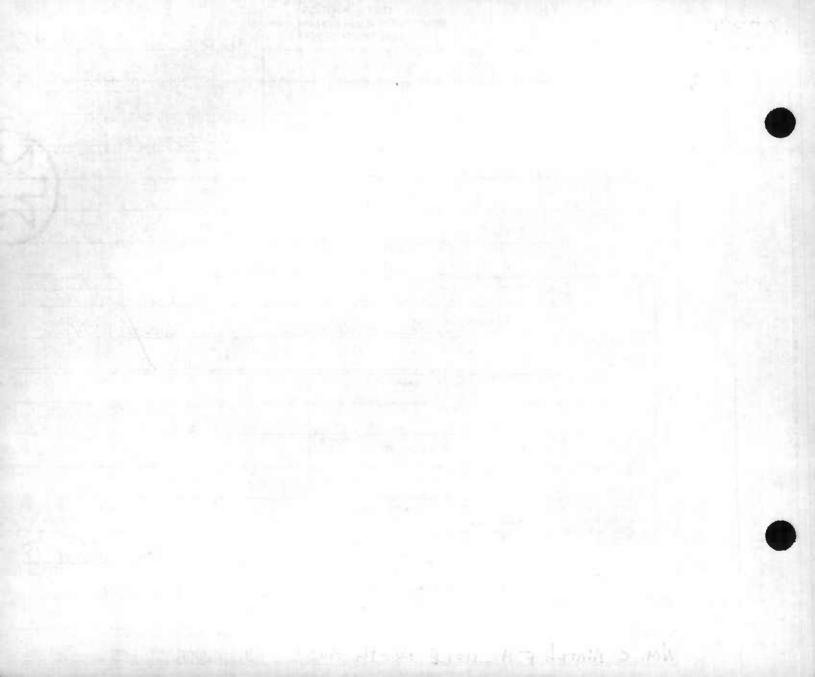
	1 -	REGISTRAR					CERTIF	ICATE OF	DEATH		8 5REG.	NO.	9	2	0	3
		CEASED NAME	FIRST		MI	DDLE	1	.A5T		20	DATE OF DEATH	HINOM	DAY	YEAR	26. HOL	JR
9		rgaret	(Mag	gie)	Ben	nett	Dat	7			Ju	14	11	1985	2:4	5 PM
)	3. SEX	C		4 RACE			5. DATE	SF BIRTH		6. A	GE (IN YEARS LAST	BIRTHDAY)	IF UN	DERIYEAR	IF UNDER	
	F	emale		Bla	ck		MONTH 6	DAY 8	18		67	YRS	MONTH	DAYS	HOURS	MIN.
	Ja BII	RTHPLACE (STATE OR	FOREIGN			HAT COUNTRY	? 8			9 B	ALTIMORE CITY			DEATH		
1	5	MD			US	Δ	WIDOWE	_	R MARRIED _	-	Balti	more d	0 i ±			
7	10. CI	TY OR TOWN OF DE	ATH		OF HO	DSPITAL, NURS FACILITY, GIVE STRE	ING HOME		- Lane		USUAL OCCUPA PE OF WORK FOR MOS	ATION	112	b. KIND O	F BUSIN	ESS OR
0		Baltimore		Mary	1ar	d Gener	ral Ho	spital								
E	13a. S	AL RESIDENCE (IF NUR STATE MD	136 COU	OTHER INSTITU	ION G	Baltimo	WN	13d INSIDE	CITY LIMITS?	1	STREET ADDRES			t. 2]	217	
	14 FA	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDEN N	AME	MIDDLE			LASI	,	
0		James			Ben	nett		H	arriet			0	orse			
		VAS DECEASED EVER		MED FORCE	5? 1	66 SOCIAL SEC	CURITY NO.	17 INFORM	MANT		ADD	DRESS				
	No	res, NO OR OIRKNOWN)	(11 163, 01	E WAR OR DATE	3)	214-24-	-9813	Jame	s Day,	Jr.	1644 N	. Gilm	nore	St.		
		18. CAUSE OF DEAT PART I, DEATH V	H (Enter a	nly ane cause	per li	ne far (a), (b), o	and ici.)						-	BETWEEN		RVAL DEATH
				TE CAUSE (o)	An	oxic E	nceph	alopath	24		15 da	14S	6/26	/85	
		Canditions, if any gave rise to im cause (a), stati	mediote) (b)	as a conseo <i>Myocar</i> as a conseo	dial 1	nfarc	tion			15 da	ıys	6/26	/85	
		underlying cause	e fost	(c)	, OK	A3 A CO143LO										1.50
	N C	PART 2 OTHER SIG	NIFICANT	CONDITION	<u>CON</u>	NTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TER	RMINAL	DISEASE OR CO) NOITION (GIVEN IN	PART 110	3	
2	TIFICATION	190. DATE OF OPERA	TION	19b. CC	NDITI	ION FOR WHIC	H OPERATIO	N WAS PER	FORMED		0a AUTOPSY?	IN CER		RE FINDIN CAUSES		TH?
9	CAL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	ATH HOUR		INJURY . MONTH .	DAY YEAR	21c. HOW	INJURY OCCU	URRED	ENTER NATURE OF IN	HURY IN ITEM 1	8 PART 1 C	OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	HILE 🗍			F INJURY IT, FACTORY, OFFICE	E. FARM ETC)	21f. LOCA STR			CITY OR	TOWN	C	OUNTY	4	STATE
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		SURIAL, CREMATION	REMOVAL						RCREMATORY		3d. LOCATION		_ cou	INITY		STATE
		Burial		7/17/	85	Mary and	St. Ma	ry's !	Newport	Cer	n. Char	les	Co.	INI T	MD	MAIE
	24. FL	INERAL DIRECTOR							25a DA	ATE REC	D. BY REGISTRA	AR 256 REG	ISTRAR'S	SIGNATI	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic e

F.H. 1101 F. North

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	1	FOR		DEPA	ARTMENT OF H	EALTH AND MENTAL HY	GIENE			
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		EASED NAME	FIRST	MIDDLE LAST			2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
o e 3	(TYPE	OR PRINT)	Paul	W.	Day		July	01	1005	Inim A
may be poge 3 er deoth	3. SE)	<	1 aat	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI		1985	IF UNDER 24 HRS
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2 hg 2 hg		OUNTRY)	E OR FOREIGN		MARRIE	NEVER MARRIED	Baltimore City			
John Juner		N. Y.		U.S.A.	WIDOWE					MD.
tei with	10_CI	TY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		12a USUAL OCCUPAT		IFE) INDUSTRY	OF BUSINESS OR
by the		Balto.		Union Memo		spital	Executive	>	Sil	ver
d in be	USU/ 13a S	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE E	BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 71P COD	F	
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p 参数を	3	Paul	W.	_	Sr.	Catherine	WIDDLE		Keille	
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T = 0 > 2		URIAL, CREMATH	ON, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 60M 7/84		INERAL DIRECTO		ADDR	ESS	250. DA	TE REC'D. BY REGISTRAL	R 256 REGIS	TRAR'S SIGNAT	URE
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STATE OF MARYLAND

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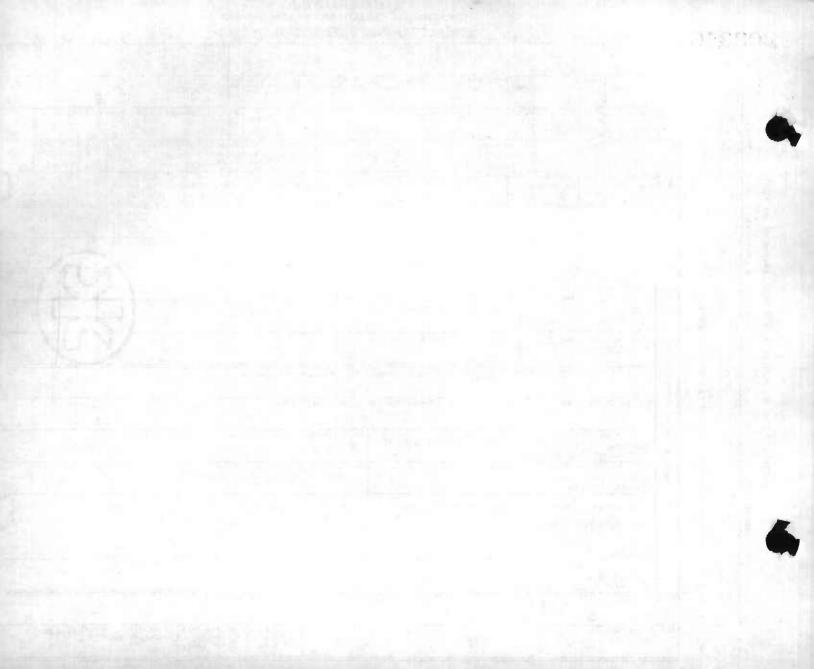
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 203346 REGISTRAR REGINO. 1. DECEASED NAME 20 DATE KNOWN TYPE OR PRINT! OF ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET, DEATH MATED X 19 85 **JOHN** DEACON 4. RACE AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE :10 LAST BIRTHDAY PRONOUNCED 19 85 DEAD Male white 61 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) □ | Baltimore City WIDOWED WY DIVORCED Illinois U.S. ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 1045 Bristol Place Baltimore Salesman Advertising USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CLEY TIMITS? 13e STREET ADDRESS NO Md. Balto. 1045 Bristol Place 21225 BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 4051 Olive Rd. [YES, NO, OR UNKNOWN] I (IF YES, GIVE WAR OR DATES) No 406-18-9197 Lt. Marc Deacon Pensocola, Florida 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A I CERTIFICATION AER: THIS INTERPORT OF THE PAGE 3 SHOULD BE US.

TATE DEPARTMENT OF HEAR

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"RICH TO BURIAL, C." 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 210 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED THE PLACE OF INJURY LATHOME 211. LOCATION EXECUTE THE CERTIFICATE WRITH
PAGE 4 SHOULD BE FORWARDED
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DEI
BALTIMORE, MARYTAND. 31201 DEI STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK X 220. I certify that I took charge at the remains described above, held an Autopsy Inspection Natural causes X Undetermined manner death resulted fram: Accident Hamicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-10-85 SIGNATURE 111 Penn St., Balto., MD EXAMINER'S NAME Ann M. Dixon, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23C NAME OF CEMETERY OR CREMATORY COUNTY CITY OF TOWN STATE Removal 7/11/85 07/84 25M 24 FUNERAL DIRECTOR 250. DATE RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURES ... **DHMH - 17** ADDRESS. (VR A15 ME (5))

STATE OF MARYLAND



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAT

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ALTIMORE, MARYLAND 21201	the bin executed within \$4 hours often death. Fage 4 may b	sicon and completely filled in by the tyneric director, poge
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DHMH - 16 60M 7/84 (VRA 1S, 4)

1	1. DECEA	ASED NAME FIRST	ı	AIDDLE		(ASI		20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
1	THEOR	Luci	lle		Dea	nes		July 20.	1985		10:02P
1	3 SEX		4 RACE	437 43	5. DATE (YEAR	& AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	HOURS MIN.
1	Fema	le	Black		7	17	10	71	YRS	MONTHS	HOURS MAIN.
d		HPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVERA	AARRIED []	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
d		pland	u.	S. A.	WIDOWE		VORCED [Baltimo	re Cit	v	MD
	10 CITY	OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INST	NOITUTION	120 USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
B	Bal	ltimere		end Gene		espita	1	LTYPE OF WORK FOR MOST	OF WORKING (IFE) INDUSTRY	
7	USUAL R	RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION		E ADMISSION)	113d INSIDE C		13e STREET ADDRESS	/ 7ID COD	- 71	717
5		pland	Control of the Contro	Baltimo		YES T	NO [2109 Druic			
٦	III. FATH	ER'S NAME	MIDDLE			15 MOTHER'S	MAIDENNA	ME	- HAAA		
	Jame		WIDDEE	Mahone	11	Maru	FIRST	WIDDIE		Shor	
1	160 WAS	S DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMA	NT	ADDR	RESS	S/(O/I	4
1	No TYES.	NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	213-14-	8013	Guranot	ta Doa	nes 2109 Dr	uid H	:00 A	
1		CAUSE OF DEATH (Enter o	nly one couse per			Towgnes	AU DEU	nes ziug un	шли п	APPROX	KIMATE INTERVAL
-1	I"	PART I. DEATH WAS CAUS	ED BY:	Acute M		44-1 T	nfanat	1.00		BEIWEEN	ONSET AND DEATH
1		IMMEDIA	TE CAUSE (0)	Acute II	Jocai	WIGH I	MIGIGE	101			
1			DUE TO, OI	R AS A CONSEQU	ENCE OF					7	
1		Conditions, if ony, which	(b)								
1	C	couse (0), stoting the underlying couse lost.	DUE TO, OF	R AS A CONSEOU	ENCE OF						
1			(c)								
1		ART 2 OTHER SIGNIFICANT				NOT RELATED	TO THE TERM	NINAL DISEASE OR COM	NDITION GI	VEN IN PART 1	10
4		Diabetes Mel		Y 4				100			
2	D 190	DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDS	
-	E L							YES NO		ES 🗌	NO 🗌
5		OR CONTRIBUTING CAUSE OF DE	216. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
71	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	min.		19						
	MEDICAL 0	d. INJURY OCCURRED	21e PLACE	OF INJURY	ADM SIC)	21f LOCATIO		CITY OR I	OWN	COUNTY	STATE
1	AT AT	WHILE NOT WHILE	(ATTIONE STA	EET, FACTORT, OFFICE, I	ARM, ETC.)						
1	22	0.1 certify that X (this hosp	oital) attended the	e deceosed from	July	20, 19	059	to July 2	20	19_85.	that XI (we) lost
		sow the deceased alive o obove, 1 (we) (did) (what	n	after death	, 0	nd that in my)	(our) opinion	deoth occurred on the	dote and ha	ur and from the	couses stated
	22	h SIGNATURE	1 11 2	diei deom.		DEGREE				22c DATE	SIGNED
		K. Janeur	felder	-	1		TTENDING PHYSICIAN	MEDICAL STA		7/-	21/85
1	22	d. PHYSICIAN'S NAME (1905	OR PRINT)			22e ADDRES					
		Kathy Langer	felder	MD		6/0	Marvla	nd General	Haer	4+-7	
1	730 BUR	RIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR O		23d LOCATION		74.6	
	ISPEC							CITY OR TOWN		COUNTY	STATE

Burial 7-25-85 Garrison Forest Cemetery Owings Mill Maryland
1250 DATE RECD. BY REGISTRARY 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Bailey-Douglass Funeral Home 1348 N. Calhoun St

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Visiters and Interest Commercial of the Commercial Comm

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28 . Carpet date, 1985 date . 65

FOR

1. DECEASED NAME

REGISTRAR

Female

Maryland

10 CITY OR TOWN OF DEATH

To. BIRTHPLACE (STATE OR FOREIGN

FIRST

4. RACE

Edna

MIDDLE

M.

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

White

U.S.A.

- STATE

(TYPE OR PRINT)

3. SEX

1.90135

the funeral director, page 3 d within 72 hours after death

and Mental Hygiene priar to burial, crematian, or remava

MPORTANT: If Hem 21 is marked ar Hem 18 shows any

should be detoched for use as with the State Dept. of Heolth

BP DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

21,

MARRIED NEVER MARRIED

1902

DIVORCED

REG. NO.

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

120 USUAL OCCUPATION
(1YPE OF WORK FOR MOST OF WORKING LIFE)

6. AGE (IN YEARS LAST BIRTHDAY)

82

Homemaker

YEAR

INDUSTRY

26. HOUR

12b. KIND OF BUSINESS OR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

HINOM

WIDOWED [

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Nov.

Deibel

Baltimore	Long Green	N.H.		Homemaker	
USUAL RESIDENCE (# NURSING HOME OF 130. STATE 13b. COUR Maryland Balt	ITY 13c. CITY	or town timore	13d. INSIDE CITY LIMITS?	13.STREET ADDRESS / ZIP CODE 12 Over Ridge (
4. FATHER'S NAME FIRST Edwin	WIDDLE	Colley	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
60. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	F WAR OR DATES)	ial security no. -18-5579 <i>B</i>	Mr. C.P.Deibe	el 12 Over Ridge	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	ONSTOUENCE OF	anest lestic	hent dinease Congestive pu	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH 10 Min Line
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FO	r which operatio	DN WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	Υ	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
226. I certify that (I) (this hasp saw the deceased alive or above, (I) (merediated and 226. SIGN MURE 226. PHYSICIAN'S NAME (TYPE) Norman	or) view the body after dec	19 8 S	ATTENDING PHYSICIAN 272. ADDRESS	medical STAFF DIRECTOR PHYSICIAN arles St. 21210	that (II (we) last ur and from the couses stated
NOTHAN 230 BURIAL, CREMATION, REMOVAL (SPE Burial		23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	altimore Ma.
24. FUNERAL DIRECTOR Mitchell-Wiedefe	ld Home 6500	York Roa		TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

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	ITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 his by the hospital or attending physician.
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	= 0

3. STREET ADDRESS / ZIP CODE
3301 Wallford Dr. 21222 dela Cruz 21222 Wallford Dr. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AI WORK 22a 1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE HD M.D STERN 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL Holy Redeemer Burial 24 FUNERAL DIRECTOR Funeral Home of Dundalk

STATE OF MARYLAND

2b. HOUR

12b. KIND OF BUSINESS OR

IE LINDER 21 MRS

85

IF UNDER I YEAR

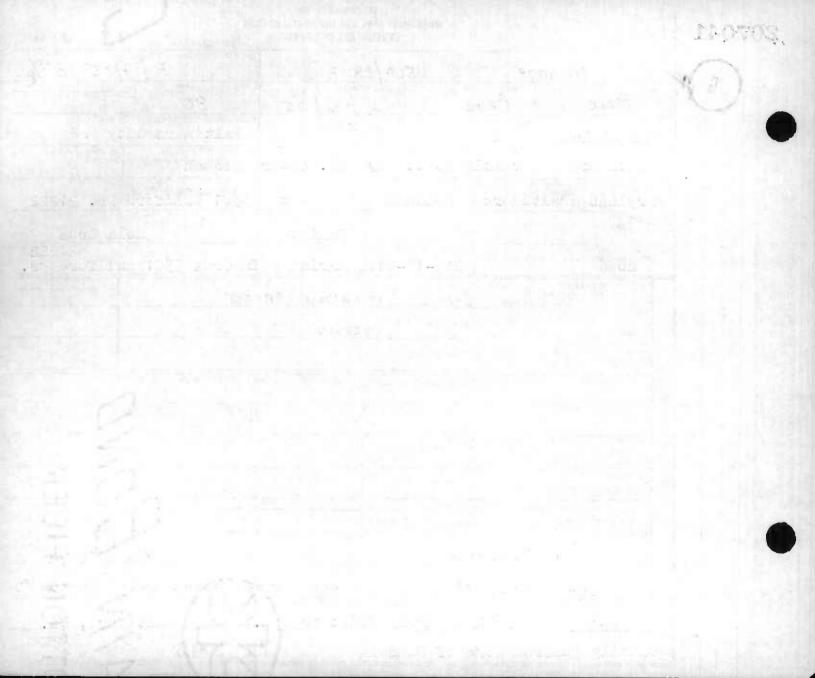
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DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

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FOR

STATE OF MARYLAND		ST	A	TE	0F	M	AR	YL	AND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

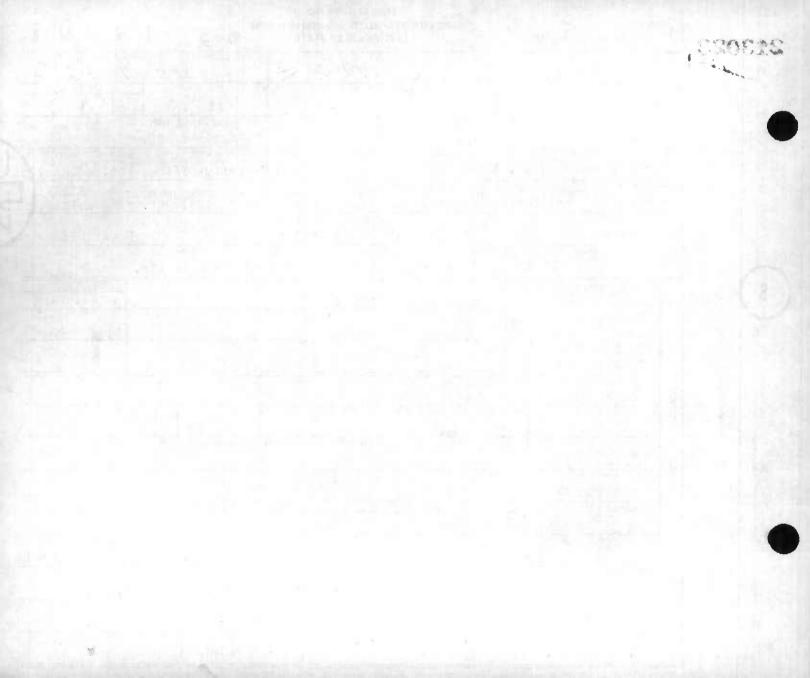
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1. SERVICE SAME S		PAUL			DELI	VUK	07-	27-85 2 AM
White O5 - 19 - 192	3. 9		4 RACE				6. AGE (IN YEARS LAST BIRTHDAY)	
Description of the property of		MALE	NA I	White			64 YRS.	MIN.
Pennsylvania U.S.A. Modwell Divorce Baltimore City Mode Divorce Baltimore City Mode Divorce Baltimore Divorce Divo		COUNTRY	76 CITIZEN OF	WHAT COUNT	RY?	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Baltimore St. Agnes Hospital St. Of Maryland St. Of Marylan		Pennsylvania	U.:	S.A.		• • • • • • • • • • • • • • • • • • • •	Baltimore Cit	y MD.
SUBJECT SUBJECT PROBLEM PROB	F		11. NAME OF	HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR
134 INSIDE CITY LIMITS? 134 INSIDE CITY LIMITS? 134 INSIDE CITY LIMITS? 130 B Biddle Ct. Catonsville, Md 15 MOTHER'S NAME 15 MOTHER'S MADENNAME 15 MOTHER'S MADENNAME 15 MOTHER'S MADENNAME 16 MOTHER'S MADENNAME 16 MOTHER'S MADENNAME 17 NFORMANT 18 MOTHER'S MADENNAME 18	1				-			
The part of the state of the st	13c	laryland Balt	VTY	13c CITY OR	TOWN		1306 Biddle Ct.	
Second Conditions Conditi	14.		MIDDLE	LAST			ME	LACT
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND CERTIFICATE OF D

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	July 16, 190	85 4:00 PM
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1902	82 YRS	AND DATE HOURS MIN.
AARRIED X	9 BALTIMORE CITY OR COUNTY O	F DEATH
ORCED [Baltimore City	y MD.
ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
	Clerk	Bank
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MAIDEN NAM	MIDDLE	LAST
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DECEASED NAME TYPE OR PRINT LOUISE ISABELLE DENHARD 4 RACE 5. DATE OF BIRTH Oct. 19. White Female TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER COUNTRY USA MD WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 524 N. Charles Street Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. COUNTY

137. CITY OR TOWN 134 INSIDE C Baltimore MD YES X 4 FATHER'S NAME 15 MOTHER" MIDDLE Ferdinand F. Denhard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMA (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213 10 3610 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) fond PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M HE EITHER NOTHY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (1) this haspital) attended the deceased from and that in (My)(our) opinion death occurred on the date and hour and from the causes stated MEDICAL ATTENDING un h PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Charles B. MacMinn, MD 2900 E. Balto., St., Balto. MD 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 7/19/85 Moreland Memorial

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should be det with the State IMPORTANT:

DHMH - 16 60M 7/B4 4905 York Road (VRA 15, 4)

FOR

REGISTRAR

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Balto.

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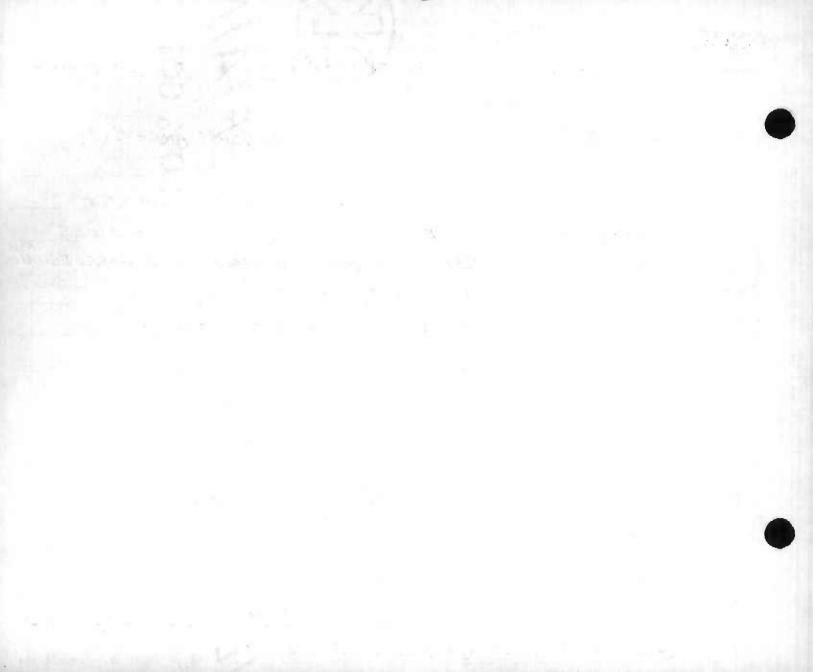
24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. Balto., MD

250. DATE REC'D. BY REGISTRAR 25 RECOSTRAR'S SIGNATURE

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STATE OF MARYLAND

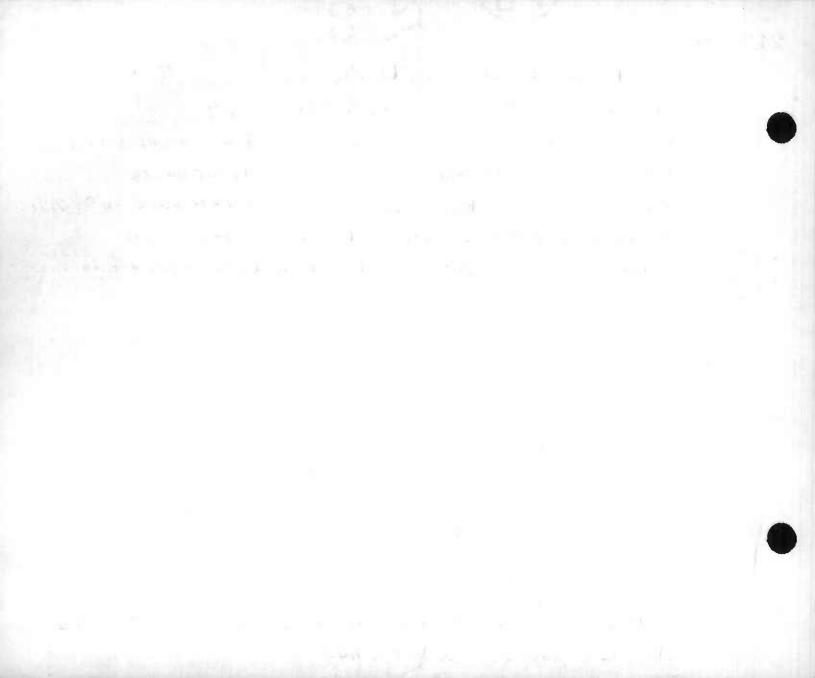


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DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL



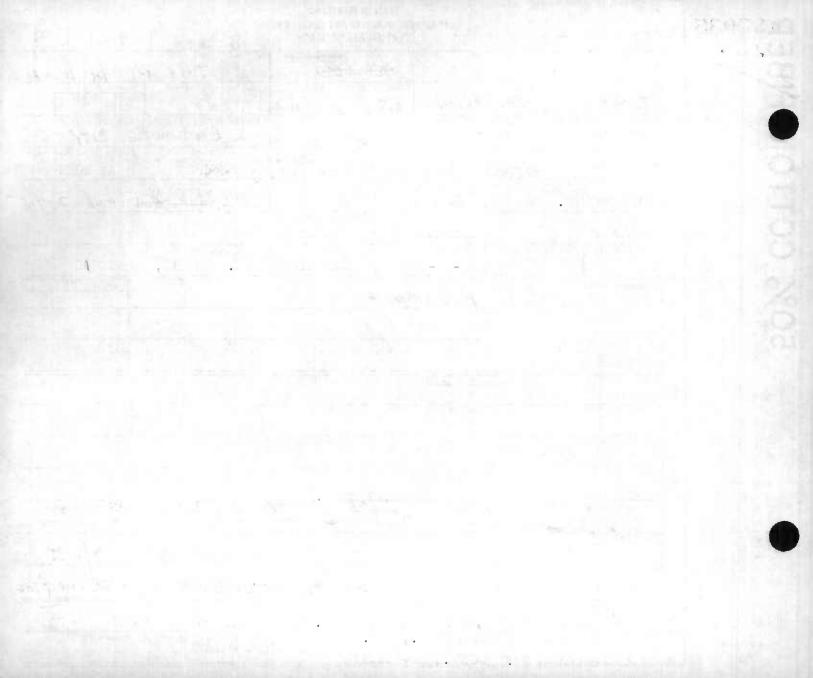
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G605 item

6010 REISTERSTOWN RD BALTO.



STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

1.	STATE REGISTRAR		DEFARIN	CERTIF	ICATE OF DEA		8	EG. NO.	1	9	2		5
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	Penna.	U.S.		WIDOWE	D DIVOR	CED _	Ba	ltimore	e C	ity			MD.
10 C	Baltimore	(IF NOT IN SUCH	FACILITY ONE STREET	ADDRESS1	al Hosp		(TYPE OF WO	LOCCUPATION ORK FOR MOST OF W	VOMKING L	HEE) INDU	STRY	BUSINE	SSOR
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13a.	lorida cou		Brooksv	N ' 1	130 INSIDE CITY I			ADDRESS / Z			brt	h 33	3512
-	ATHER'S NAME	/ S / S / S			15 MOTHER'S MA	AIDEN NAM							
	Thomas F	MIDDLE	Dewey		Anna			M.		Fre	LAST		
Ina V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RAYNO	17 INFORMANT			ADDRESS	5	110	,0		
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	22a I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	3/23/	198	16 /on	nd that in (my) (au	r) opinion d	, to	red on the date	5/ and ho	19		not (I) (v auses sta	
	22b. SIGNATURE]		NDING _	MEDICAL			22c. [DATE S	IGNED	9-
	22d. PHYSICIAN'S NAME (TYPE				27e ADDRESS	SICIAN [PHYSICIA		0 07	-	1/2	

AAPORTANT: If He

DHMH - 16 50M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23t NAME OF CEMETERY OR CREMATORY Baltimore National 23d LOCATION
CITY OR TOWN
Baltimore

COUNTY

Md.

Burial 7-26-85 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co., Balto., Md

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Honry M. London Lagra Do., Salto., Mail Mills and Lattern

PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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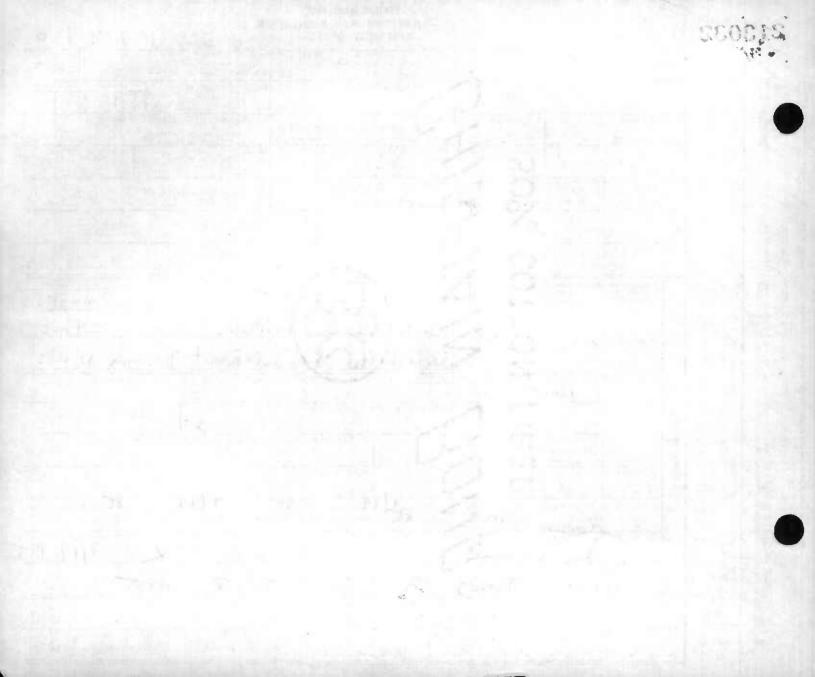
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OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DAY	Y YEAR	21c HOW INJU	RY OCCURR	***************************************	IN ITEM 18 PA	RT I OR PART 2)		
MHILE NOT WHILE	21e PLACE OF	FINJURY		211 LOCATION		CITY OR TOW	/N	COUNTY	S	STATE
sow the deceased alive a	7/19	19	35 , and	that in (my) (au	19 ur) apinion d	eath accurred on the dat	te and havi			
AS.	Jen-	4		ATTI PHY				22c. DATE :	SIGNED 19	18
		5		LOO	JOHNS	HODKTHE HOS	PHAL	31		
2	S DECEASED EVER IN U.S. A S NOOR UNKNOWN) 8 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate couse to!, stating the underlying couse last. PART 2 OTHER SIGNIFICANT OR DATE OF OPERATION PART 2 OTHER SIGNIFICANT OR CONTRIBUTING CAUSE OF DE (IF EUIHER NOTIFY MEDICAL EXAMINI IN UNITY OCCURRED WHILE NOTIFY MEDICAL EXAMINI IN UNITY OF COURTED WHILE NOTIFY MEDICAL EXAMINI IN UNITY OF CURRED WHILE NOTIFY MEDICAL EXAMINI IN UNITY OF COURTED WHILE NOTIFY MEDICAL EXAMINI IN UNITY OF CURRED WHILE NOTIFY MEDICAL EXAM	S DECEASED EVER IN U.S. ARMED FORCES? IN OOR UNKNOWN) 8 CAUSE OF DEATH LENter only one cause per li PART I. 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AS DECEASED EVER IN U.S. ARMED FORCES? AND OUR CONTROL (P. YES GIVE WAR OR DATES) B. CAUSE OF DEATH LETTER ONly one course per line for Iol, (b), and (c). PART I. DEATH WAS CAUSED BY: (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. (Conditions, if only, which gove rise to immediate course ito, straining the underlying cause lost. 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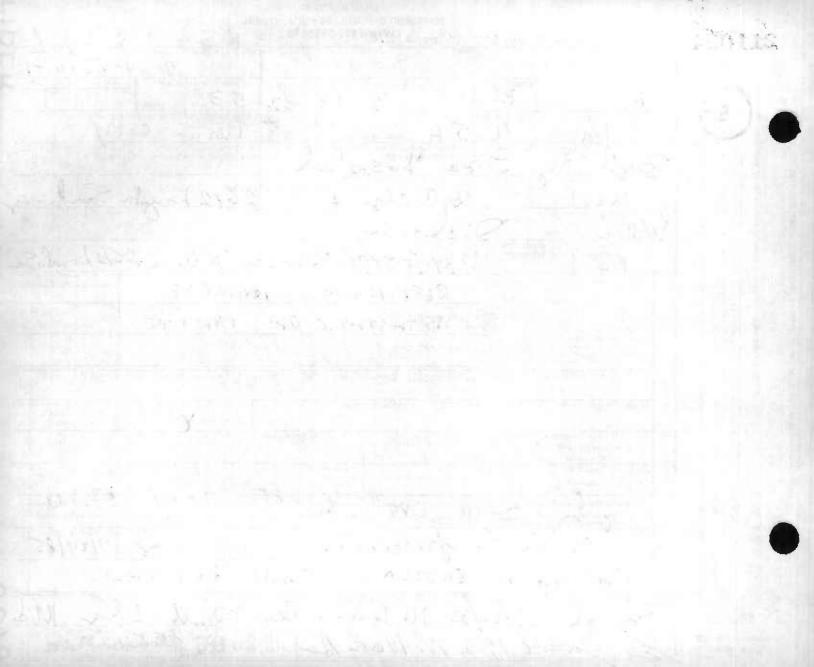
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TO FUNERAL DIRECTOR: After this certificate has

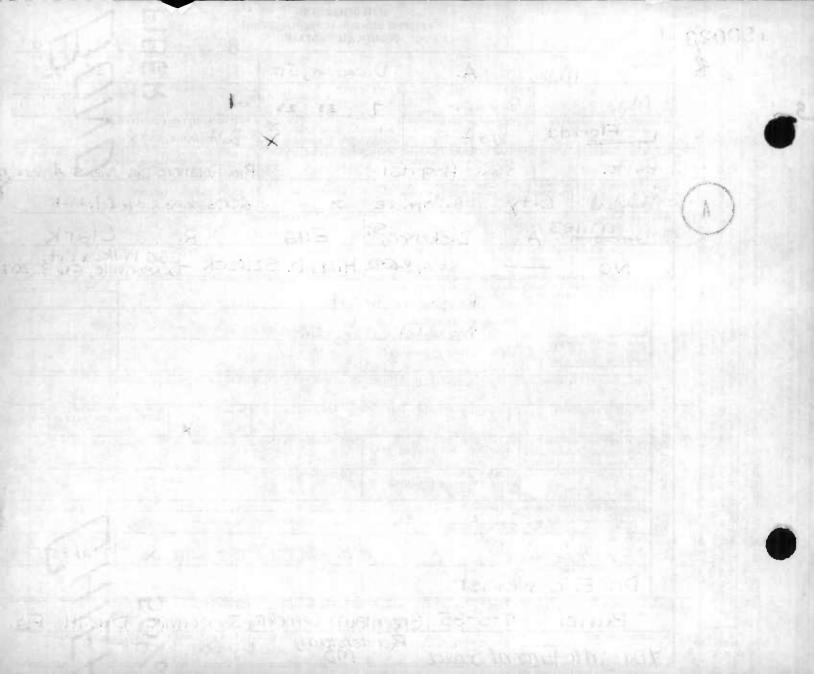
MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Maryland 21740

Wash., Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE





		- 1				STATE	OF MARYLAND		CY3	-	
5.00	CAGA	2	1.	FOR STATE	DEPA		EALTH AND MENTAL HYG	IENE			
	19002	13	le o	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	0. 1 9	2	8
	1	1		CEASED NAME FIRST	WIOOFE	2 1/	vst	20 DATE OF DEATH	MONTH DAY		2b. HOUR
	1 11 9	>	{ I YPE	ORPRINT) Miles	Α.	Dro	election, Jr.		7 2	85	15:00 W
2	to a mo		1. SE)	Male	Caucasian	S. DATE O		6. AGE (IN YEARS LAST BIR		INDER TYEAR	HOURS MIN.
	2 63 .	10	7a. BII	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
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AND 21		1	ISIO S	TATE 13b COUNTY	130 CITY OR		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE A Ridge	£d.2	1210
ARYL		1	14. FA	THER'S NAME TIES MID	OLE LAST	Sr.	15. MOTHER'S MAIDEN NA	ME		CIAST	rK
2	com com	TX.	Ido V	VAS DECEASED EVER IN U.S. ARME	D FORCES? THE SOCIALS	SECURITY NO.	17. INFORMANT	ADDRE	SS 1 . /	Cid	21
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BAL	and			18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one couse per line for 10), 1b), ond (c).)				APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
ts	the same			IMMEDIATE (tory Ar	rest				
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2 2	the the seminary			gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, OR AS A CONSE						
5	the part of the pa				((c)						
05, 2	Suires Nem 9 Nem 9		z	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
COR	Diego de	7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	GS USED
4	25 2 2 2	6	TE		LINE DOLLIN			YES NO	YES [NO [
OF VIT	Clan, T physic physical physic	9	AE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
Z O	A Paris	1	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR TO		COUNTY	STATE
rVISI	of the state of th		×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, EARM, ETC)	STREET	CITYORTO	WIN	COUNTY	ZIMIE
۵	4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			22a.1 certify that (I) (this hospital	attended the deceased fr	om	, 19	, to	. 19.	, tl	hot (I) (we) lost
-	日本の			sow the deceosed alive on above, (I) (we) (did) (did not) v		19 85 , an	d that in (my) (our) opinion	death occurred an the de	ate and haur or	nd from the c	ouses stoted
	A ST BE ST			22b. SIGNATURE	new the body offer geam.		DEGREE			22c. DATE S	IGNED
	TAL D EAL D detoc		100	South Jerme	en	1	M.D. ATTENDING PHYSICIAN	MEDICAL STAI	IANA	12/2/	85
	HOSPITAL Hunekal Hunekal Hid by den	34		224. PHYSICIAN'S NAME (TYPE OR PE			22e ADDRESS				
	D HOSPITA D FUNER hould be of			Dr. Eric W	Jeiner					340	
	58 5513			URIAL, CREMATION, REMOVAL		23c NAME OF CI	EMETERY OR CREMATORY	23d LOCATION		Out the same	
	BP			SPECIFY) Burial	7-5-85	Green	awn Cemeter	4 Jacksoni	IIIe I	Suval	I Fla.
	DHMH - 16 50M 4/8	13	24. FU	INERAL DIRECTOR		Beis	terstown, 250. DAT	E REC'D. BY REGISTRAR	256. REGISTRA	RISSIGNATION	Received
	(VRA 15, 4)	30	7	Marzillo fini	mal Service.		MD	00 1900		5	



207194 1- FOR STATE-OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DI	EATH	8	SEG. NO.		9 2	1	4
1. DECEASED NAME FIRST (TYPE OF PRINT)	MIE	DDLE	t	AST		2a. DATE OF		NIH D	AY YEAR	2b. HOU	JR
Doroth	ny Ma	ae	Digg	S		July	20, 19	985			٨
3. SEX	4. RACE		5 DATE C		4.0	6. AGE INY	EARS LAST BIRTHDA		ONTHS DAYS	IF UNDER	R 24 HRS
Female	Black		8 8	24 ^{DAY}	12	72		YRS.	ONINS DATS	HOURS	MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	X NEVER M	ADDIED []	9. BALTIMO	RE CITY OR C		OF DEATH		
Texas		USA	WIDOWE		ORCED	Ba	ltimore	Cit	V		M
© CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH I	OSPITAL, NURSING FACILITY, GIVE STREET AT Utland A	DDRESS)	R OTHER INSTI	TUTION	12a. USUAL	OCCUPATION FOR MOST OF WO		126. KIND C	F BUSIN	
USUAL RESIDENCE (IF NURSING HOME C 130 STATE 136 COU	ROTHER INSTITUTION, G		ADMISSION)	13d INSIDE CIT	TY LIMITS?		ADDRESS / ZI Rutland		e. 212	213	
4 FATHER'S NAME Goldie	She	rril		Loue	llen	ME		Mitch	nell	ī	
60 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	66 SOCIAL SECUR		17 INFORMAN		14	ADDRESS				
No		215-09-44	489	James	Digas	1829 R	u+land	Ave			
PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c)CONDITIONS CON	AS A CONSEQUENTRIBUTING TO DI	EATH BUT			200. AUTO	DPSY? 20	Ob. IF YES,	WERE FINDING CAUSES	NGS USE	TH?
OD CONTRIBUTING CALLS OF D		MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURI		NO []			NO	
UF EITHER, NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O			21f LOCATIO STREET	N Con		CITY OR TOWN	2	COUNTY		STATE
22a I certify that (I) (the hos saw the deceased alive a above, (I) (we) (chd) (chd r III) SIGNATATE	7- 9	19 6	9	nd that in (my) (DEGREE	our opinion	death occurre	d on the date	and hour	ond from the		
THE PLEY STAME (1996	ARXSEI	2	10	22e ADDRESS	HYSICIAN Z	DIRECTOR	PHYSICIAN	BL	VD	.5	25
23a. BURIAL, CREMATION, REMOVA				EMETERY OR C			ORTOWN		COUNTY		STATE
(SPBurial	7/25/8	35 B	alti	more C			ltimo		Md.		
24 FUNERAL DIRECTOR					25a. DAT	TE REC'D. BY R	EGISTRAR 25b	REGISTE	RAR'S SIGNAT	URE	

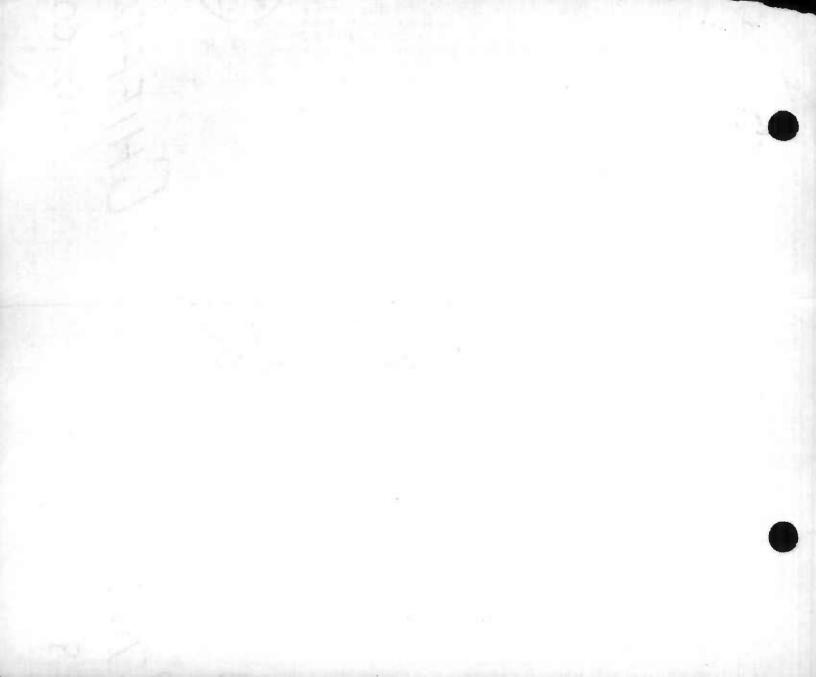
DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT; If Hem 21 is marked ar Item 18 shaws any injury, ar other traumatic

Wm C March F/H

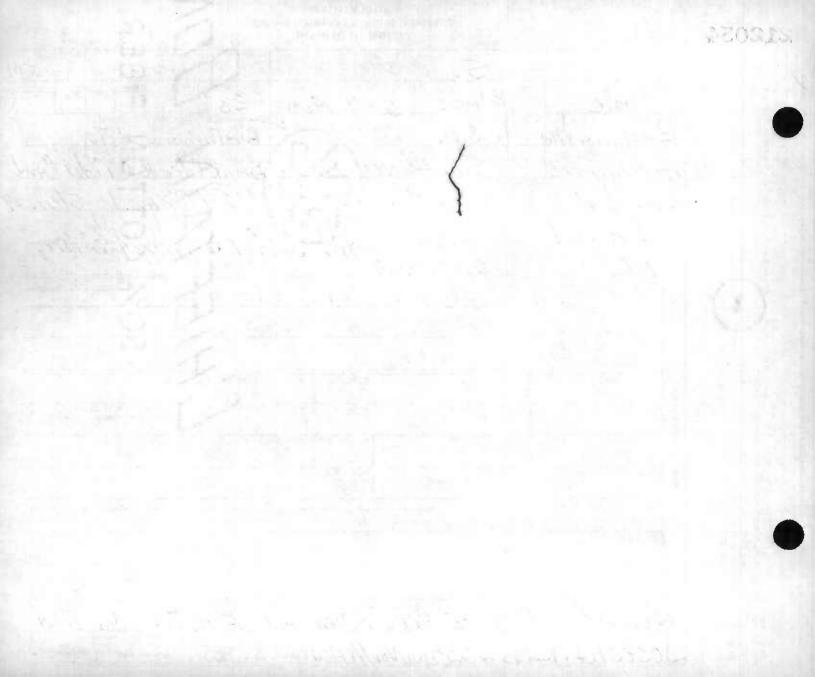
1101 E. North Ave.

JUL 2 4 1985 Lie Davidson-Randsee.



(VRA 15, 4)

STATE OF MARYLAND



(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

Baltimore

166 SOCIAL SECURITY NO

224-05-5931

MIDDLE

A. Dodson

76 CITIZEN OF WHAT COUNTRY?

Black

U.S.A.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

None

18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).

13h COUNTY

Peter Chandler

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate couse (a), stating the

underlying cause last.

90 DATE OF OPERATION

214 INJURY OCCURRED

710 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DATE OF BIRTH

MONTH

NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

May 8, 1911

MARRIED NEVER MARRIED

13d INSIDE CITY LIMITS?

IF UNDER I YEAR

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore, 12a USUAL OCCUPATION

1100 Penn Ave. Baltimore ,Md 21201 Retired-- 12b. KIND OF BUSINESS OR

136 STREET ADDRESS / ZIP CODE

21201

NO 1100 Penn Ave. 15 MOTHER'S MAIDEN NAME El la (Unknow)

17 INFORMANT

Frances McRae, 3232 Yosemite Ave. 21215

CARDIOVASCULAR

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

216. TIME OF INJURY

21e. PLACE OF INJURY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

200 AUTOPSY?

NO

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO [

211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR

211 LOCATION

CITY OR TOWN

COUNTY

STATE

220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an. above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATUR

Burial

FOR

REGISTRAR DECEASED NAME

Female

Md

14. FATHER'S NAME

7a. BIRTHPLACE (STATE OR FOREIGN

Danville, Va

O. CITY OR TOWN OF DEATH

Baltimore

Sallie.

- STATE

LIYPE OR PRINTS

22e ADDRESS

DEGREE

BALTIMORE MD 21239.

ATTENDING

PHYSICIAN TIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

22c DATE SIGNED MORTHERN PARKUAY

FISHER

23a BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Arbutus Mem Park

23d LOCATION

Baltimore, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Law Funeral H ome 4611 Park Heights Ave. 21215 JUL 3 0 1886

7/30/85

Aulia Davidson

Autorio schertie carriovascular CHARLES MATTER AND THE 38 CH PRICE SHEK. 202115

- STATE

REGISTRAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE y) (aur) apinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

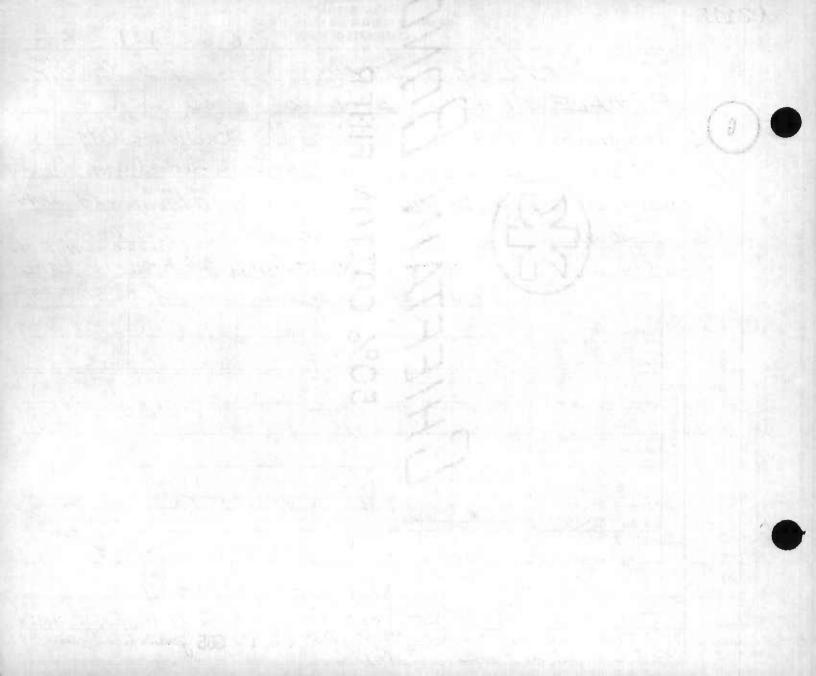
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

DAYS



206072

STATE OF MARYLAND

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			0	E	RT	ı	FI	c	٨	TE	OF)F	A'	T	H	

Dec. 12.

WIDOWED

MARRIED NEVER MARRI

1	8 R. NO.	9	2	2	3
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR *
	July 18,	198	5_	30	JOM DM
1.0	6. AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24HRS
9	65 YRS	MONIHS	DATS	HOURS	MIN.
D 🗇	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
D 🗌	Baltimore Ci	ty			MD.
N	12a USUAL OCCUPATION LEVE OF WORK FOR MOST OF WORKING I Claims Clerk -	Soci	USIRY al	Secu:	Adm

4000	The state of the s		The state of the s	1-1
59	LTIM	ORE.	University Hospi	tal
SUAL	RESIDENCE		OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	

Baltimore

4 RACE

Auc

THE CITIZEN OF WHAT COUNTRY

138 INSIDE CITY LIMITS? Woodlawn

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

15 MOTHER'S MAIDEN NAME Elizabeth

NO X

5907 Johnnycake Road 21207

Sack

12. STREET ADDRESS / ZIP CODE

ADDRESS

Henry 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO. OR UNKNOWN

REGISTRAR RUTH S. DOUGLAS

JULIAN CRITICAL

DECEASED NAME THIS DEBINE

BIRTHPLACE

Nebraska

4. FATHER'S NAME

1. 5EX

Schleiger 166 SOCIAL SECURITY NO. 17 INFORMANT 507-16-7551A

Vincent R. Douglas

Same as # 13

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF LATEACRANIAL HENDREHACE Conditions, if any, which gove rise to immediate couse ion storing the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G.

210 ACC	DENT WAS UNDERLYING
OR CONTI	RIBUTING CAUSE OF DEATH
(IF EITHE	R NOTIFY MEDICAL EXAMINER)

19E DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED INTRACRANIAC 16 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

e PLACE OF INJURY HOME, STREET, FACTORY, OFFICE FARM, ETC)

211 LOCATION

CITY OR TOWN

22e I certify that (1) (this hospital) oftended the deceased from

DEGREE ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

20n AUTOPSY?

22c DATE SIGNED

KANDLE

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL Burial

236. DATE 7/22/85 23c NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

23d LOCATION Woodlawn

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

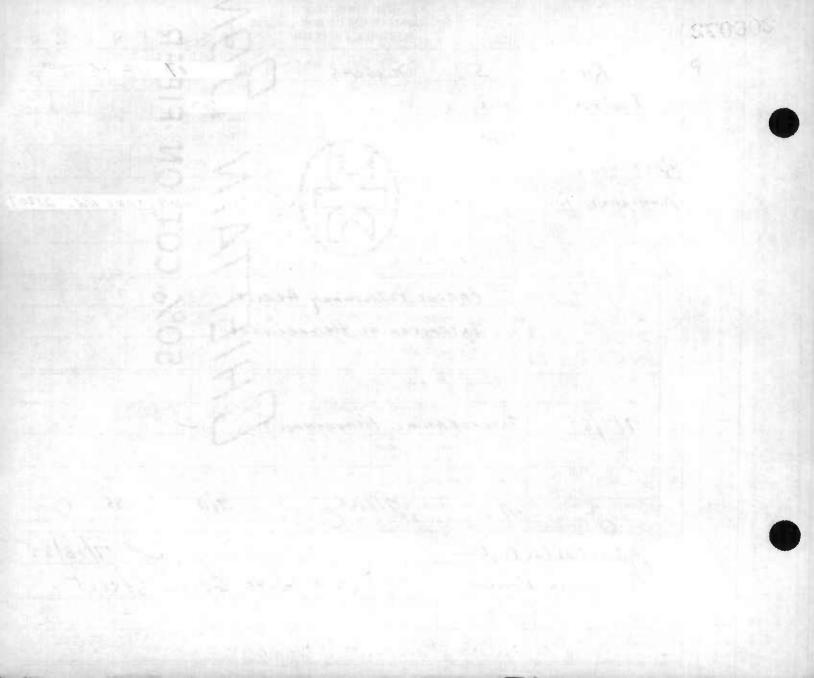
20b. IF YES, WERE FINDINGS USED

STATE Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Leroyami. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md, 21228

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE lia Davidson-Mandale



STATE OF MINKITHE	ATE OF MARYLAN	LANI	Y L	R	Α	M	OF	IE	A	21
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DE	ATH	8 2G.1	10.	4 6	La El
	DECEASED NAME	FIRST	MIDDLE	-2 1 1	AST		20 DATE OF DEATH	MONTH D.	AY YEAR	2b. HOUR
L	- Lill Edition		RTHW67			NE	7/9	7/85		10:054 N
3.	SEX .		ACE	S. DATE C		YEAR	6 AGE (IN YEARS LAST B		ONTHS DAYS	HOURS MIN.
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/0.	BIRTHPLACE (STATE OR I	OREIGN 7b. (CITIZEN OF WHAT CO	UNTRY? 8. MARRIE	D NEVER MA	RRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
41	CITY OR TOWN OF DEA	T11 12	NAME OF HOSPITAL	WIDOWE		RCED	BATTIMON	EU	174	MD
1	BAMSIA 1:		(IF NOT IN SUCH FACILITY, GI		A OTHER INSTITU	UTION	THE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
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	STATE	13b. COUNTY	- DAL	TIMUNT	134 INSIDE CITY	LIMITS?	13e.STREET ADDRESS	HIP GOT	GAN	DUE
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-	TALOMAS	1+0NO	1/5	LAST	EFF	10 A	NOTE MIDDLE		LAS	àΤ
160	WAS DECEASED EVER			AL SECURITY NO.	17 INFORMANT	ī	ADDI		. 44	2000
L	(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	705-16	0-9129	REBE	COA	クロセンノン	9 100	15 7	150AN
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CEPTIEICATION							YES NO	YES	ING CAUSES	NO [
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MEDICAL	21d INJURY OCCUR		21e. PLACE OF INJURY		211. LOCATION STREET	ava:	CITY OR T	OWN	COUNTY	STATE
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	SIGNATURE	lama	V	7,55	DEGREE ATT	ENDING _		AFF _	22c. DATE	SIGNED
-	27d. PHYSICIAN'S NA)OU V	NI)		PH 22e ADDRESS	YSICIAN [DIRECTOR PHYS	CIAN	1 /	100
		BUNN		CUETO		WIH	RAW 10	HOSP IT	780	
23	o. BURIAL, CREMATION,						23d. LOCATION			

should be dete with the State IMPORTANT:

DHMH - 16 60M 7/84 (VRA 15, 4)

236 NAME OF CEMETERY OR CREMATORY

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## TO ## # P		22a I certify that I to	ak charge of the	remoins described above, held	lan Autopsy	Inspectio	n . Inquiry XX	and in my api	nion	
Y HE RESTAN		death resulted from:	Notural cous	es XX Accident,	Suicide,	Homicide	Undetermined manner	<u></u>		
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4 H 5 4 F H	_	SIGNATURE	more	MARANCE	M.C	Assistant	MEDICAL EXAMINER	DATE	7-21-8	85
NOR SEA	7	EXAMINER'S NAME								
M S S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT)	Margari	ta A. Korell, I	M.D	DDRESS III PE	enn St., Bal	to., Md.	21201	
TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FA TO FUNRRAL DIRECTO AT FIRE DEATH, WITH THE BALTIMORE, MARYTAN	23a. E	URIAL, CREMATION, REM	OVAL 236 DAT	E 23c. NAME C	F CEMETERY OR	CREMATORY	23d LOCATION	COUNT	TV	AVE A
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DHMH - 17 (VR A15 ME (5))		NAME POL	1.1.0	CORESTO! Lasts	1500	74	1111 2 5 1985	Juna Dar	ndson-han	desc
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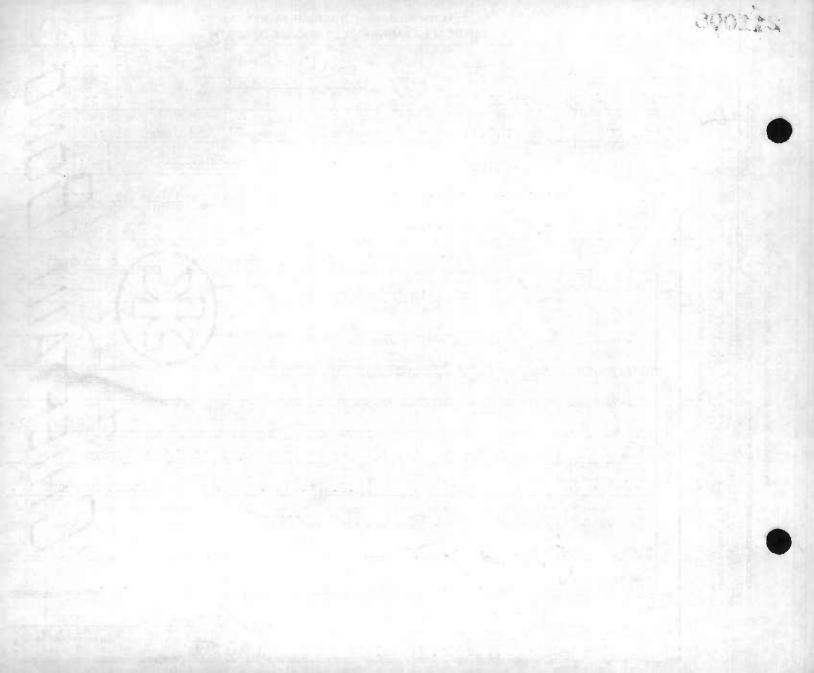
But I see present him see the factor

STATE OF MARYLAND 214040 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 7h HOUR TYPE OF PRINCIP SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? NEVER MARRIED NWAPOLIS ITIMORE DIVORCED 12b. KIND OF BUSINESS OR 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Respiratory ARREST IMMEDIATE CAUSE (a). intraventricular hemorrhage Conditions, if any, which couse ion stating the DUE TO, OR AS A CONSEQUENCE OF underlying course fost in multiple cerebral instructions PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NONE 19th DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCREASED INTRACRANIA IN CERTIFYING CAUSES OF DEATH? 6/12/85 NO I THE RECEDENT WAS UNDERLYING TO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR Patient Sell From roof ON CONTRIBUTING ET CAUSE OF DEATH LIFERTHEN, WOTHER INSDICAL EXAMINERS P.M. 21¢ INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF FOWN 51405 (AT HOME STREET, FACTORY OFFICE FARM ETC.) HOT WHILE I 220 | certify that (1) (this hospital) attended the deceased fram_ _, that (1) (we) last 19 85 saw the deceased alive an from the causes stated obave, (1) (we) (did) (did nat) view the body after death THE SIGNALISE PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (11th OFFICE) 72x ADDRESS Hense 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR JOWN DHMH - 16 60M 7/B4 Chanel-Annapolis, MU (VRA 15. 4)

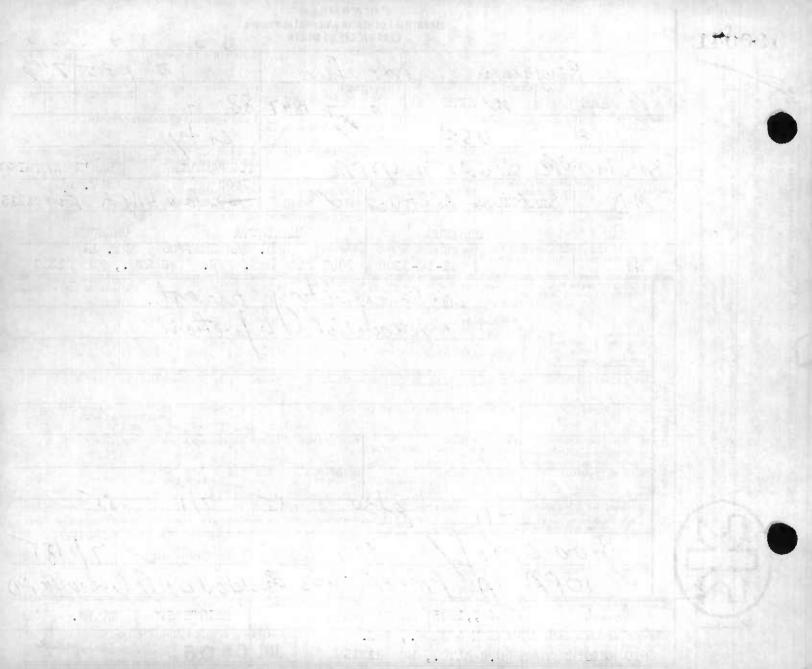


211008 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NE 1 DECEASED NAME FIRST ID. DATE KNOWN (TYPE OR PRINT) OF ESTI-Dawn Lynn Drever 22 19 85 4 RACE DATE OF BIRTH 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY 1:45P PRONOUNCED White Female May 23 1965 20 1985 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash. DC U.S.A. Baltimore City, WIDOWED DIVORCED CITY OR TOWN OF DEATH 20. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Bookkeeper Baltimore Johns Hopkins Hospital Auditing Co. HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 9915 Marilynn Rd. 21128 Md. Perry Hall NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Carl Drever Wheeler Patricia 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS RANSIT PERMIT, PAGES I VTAL HYGIENE, DIVISION 218-52-4909 Carl L. Dreyer (father) same address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA TWENT OF HEALTH A CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 8:32xx 7 22 19 85 Driver in auto/fixed object impact 21e PLACE OF INJURY (ATHOME 21E LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.8 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK U.S. Rt. 1 n. of LakeFannyRd, BelAir, Harford MI road InspectionXX 22a I certify that I took charge of the remains described above, held an Autopsy Accident X Hamicide . Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL 7/23/85 Assistant EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATOR' 23d. LOCATION COUNTY STATE Burial 7/26/85 Parkwood Baltimore 07/84 Md 25M 24 FUNERAL DIRSCRIMUNEK Funeral Home, Inc. **DHMH - 17** 9705 Belair Rd., Balto. Md. 21236 (VR A15 ME (5))

STATE OF MARYLAND



190041					STATE	OF MARYLAND				
			FOR STATE							
			REGISTRAR	DR	8 5	3. NO.	9 2	20		
			DECEASED NAME	IST MIDDLE		0	20. DATE OF DEAT	H MONTH DA	Y YEAR	26 HOUR
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RDS, 201 W. PRESTON ST	equires that the death certificate n signed by the attending physici. Then please remove carbon paper r to burial, cremation, or removal, injury, or other troumatic event, th		Canditians, if any, wh gave rise to immedicause (a), stating underlying cause to PART 2 OTHER SIGNIFIC	pte (YOUN SEQUENCE OF	of related to the	Lyfaretin E TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 110	0
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	DING or o se as se as alth mark		AT WORK		6/3	77	85 71	1	125	
	7 - ~ 7 - 0		saw the deceased a	haspital) attended the deceased t	3/10	that in (my) (aur) o	pinion death accurred on t	he date and haur		that (I) (we) last
	R ATTEN haspital RECTOR: ed for us pt. of He	26	obove, (I) (we) (did) ((did nat) view the body after death.	0 /	EGREE			22¢ DATE	
	The Day		giora	a. Hold	· L	ATTENE		STAFF	7/	1/85
	TO HOSPITAL etained by 11 TO FUNERAL should be det with the State IMPORTANT:		224 MANS NAME	(TAPE OR BRINT) A! F	RAH	7403	Booleford.	cincle 1	Piken	ville MD
	BP	2	30. BURIAL CREMATION, REM	JULY 3,1985	BALTIMO	METERY OR CREMA	TORY 27d LOCATION REPST		BALTO	. St MD
DH	MH - 16 50M 4/82	2	FUNERAL DIRECTOR S	OL LEVINSON & BROWN	OS., INC.	2	50 DATE REC'D. BY REGIST	RAR 25b. REGISTR	AR'S SIGNAT	URE
Un	(VRA 15, 4)		NAME	STOWN RD.B ALTO.	RESS		JUL 05 198	5 Gara Da	vidson-A	andicol



STATE OF MARYLAND

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ATE OF	DEATH	MONTH	DAY	YEAR	2b HO	UR
				Same	11	38

			FOR	0.00		OF MARYLAND	IPAIR	
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5/	1		CEASED NAME FIRST	MIDDLE	LA	AS1	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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hour le	2		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	TRY? B.	□ NEVER MARRIED □	9 BALTIMORE CITY OR COL	JNTY OF DEATH
n 72	55		DID	ALU	WIDOWE		BALTO	CITY MD.
with the		10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	10		BACTO	MELORA	Home			
in be			L RESIDENCE (IF NURSING HOME OF	DR OTHER INSTITUTION GIVE RESIDENCE INTY 136, CITY OR		13d INSIDE CITY LIMITS?	Homemaker 13e STREET ADDRESS / ZIP C	
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	2	16a V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	0.00
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100			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for 101, (b	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A double and the state of the s	a	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)
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to de de		ž	WHILE AT WORK	(AT HOME STREET FACTORY, OF	FICE, FARM, ETC)	STREET		
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P P P P P P P P P P P P P P P P P P P			22b. SIGNATURE	at view the body after death		DEGREE		224. DATE SIGNED
The Day			11	de lui	1	A ATTENDING	MEDICAL STAFF	. 7
ERA ERA Stot	2		224. PHYSICIAN & NAME (TYPE) cuips		PHYSICIAN [DIRECTOR PHYSICIAN	
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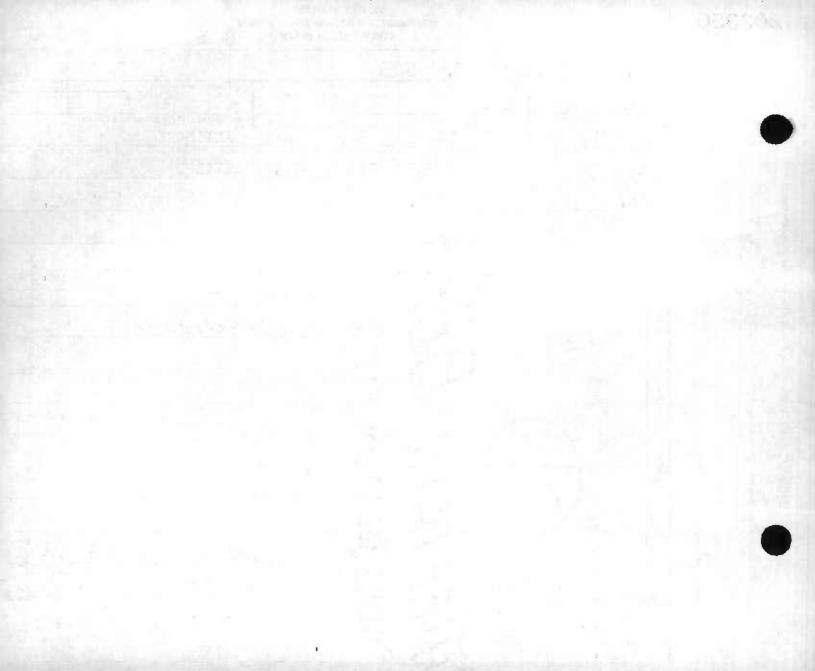
14 FUNERAL DIRECTOR
Toffman -, Skarda Funeral Home

son St Baltimore 2122h

250 DATE REC'D. BY REGISTRAR 360, REGISTRAR'S SIGNATURE.

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		STATE OF MARYLAND											
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DOR:		saw the deceased		//	e deceased in		nd that in (my		death occurred on the	date and b			
R ATTHECT RECT red for spt. o tem 2		above, (I) we) (dic	d) (did not)	iew the bady	alter death.								
OR DIR		221 SIGNATURE	lul'	wer.	Illa	. no	DEGREE	ATTENDING	MEDICAL S	TAFF	27	2c. DATES	2 /D
Y the		1999	7			- ///	')	PHYSICIAN []	DIRECTOR PHY	SICIAN [7/10	100
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0 f f f k k	23a ¥	LUDIAL, CREMATION, RE	EMOVAL	236 DATE ,		ZZC. NAME OF	EMETERY OF	CREMATORY	23d, LOCATION) And		
BP	(BURIAL		7/22/	85	LAPARE	HSE C	EMETAR'	YTRINID	AD. IA	VEST		DIES
	24 FL	JNERAL DIRECTOR						25- DATE		AR 25b. REGI			
DHMH - 16 50M 1/76 (VR A 15 (4))	IF	ROY O. DY	FTT	4600 L	IBERT	Y HGTS	AVE.	7111	11 0 4005	dit.	Zai A		1/09
		NOI OI DI		1000			Last Land	1.00	T T O 1200			11.00	



00000	FOR	DED	STATE OF MARYLAND	CIPAIP		
203386	1 - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 2	192	3 1
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
of to	(TYPE OR PRINT)	Δ	TO .		0-	P.
poge poge	Carrie 3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THORY) IF UNDER I YEAR	R IF UNDER 24 HRS
ge 4 r rector. urs ofte	FEMALE	white	MONTH DAY YEAR	91	YRS DAYS	HOURS MIN.
nerol di na 72 ho	Ma. BIRTHPLACE (STATE OR FOREIGN	U. S A.	RY? MARRIED □ NEVER MARRIED □ WIDOWED DIVORCED □	Baltimore City of	City	, MD.
p of the party	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI		OF BUSINESS OR
5 1 2 2 2 X	Baltimore	Maryland Ge	meral Hospital	HOMEM		
BALTIMORE, MARYLAND 2120 BALTIMORE, MARYLAND 2120 Condition on the completely filled Per Poges fond 2 should Per Poges fond 2 should The medical externmentals be not	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUR	NTY 13c. CITY OR	FFORE ADMISSION)	13e.STREET ADDRESS		1ve 21209
erely 12 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME		AST
A 5 mg 300	William C	. Tawney	KAT	TE FI	SHER	
xecu xecu dicoil		MED FORCES? 166 SOCIALS	SECURITY NO 17 INFORMANT	ADDRE		0 2120
Po o d	No	2/20	18 0724 The WES	ley HOME	2211 W.	KOG PASH
201 W. PRESTON ST., B. es that the death statement be by the orthograph please remove action pap priot, crematic	DADT I DEATH WAS CALISE	DUE TO, OR AS A CONSI	Respiratory Arrest COUENCE OF COUENCE OF		BELVEEN	NONSET AND DEATH
RDS, 201 V	PART 2 OTHER SIGNIFICANT		le Pulmonary Embol:		DITION GIVEN IN PART 1	lla-
Day in the beer ony in	June 22, 1985	19b. CONDITION FOR WE	200. AUTOPSY? 206. IF YES, WERE FINDINGS USEI			
he lo he lo on.	June 22, 1985	Fracture of	Right Hip	YES NO	YES	NO [
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r oftending physician. Wher this certificate has been sign os the burnal-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury		216. TIME OF INJURY HOUR A.M. MONTH		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
IVISION C VG PHYSIC ottending ter this cer ter this cer st the burno st the burno h and Ment rked or Iter	CACCONTRIBUTING CACSE OF DE-	21e PLACE OF INJURY LAT HOME STREET, FACTORY OF	FICE, FARM ETC.) 21f LOCATION STREET	CITY OF TO	WN COUNTY	STATE
TTEND putol o TOR. A for use of Heal o		tal) attended the deceased fr	1985_, and that in (Xv) (aur) apinior			
	22b. SIGNATURE). Augli	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF.	E SIGNED
TO HOSPITAL TO FUNERAL should be det with the State	CARL D. L	AUGHLIN	22e ADDRESS			
10	230. BURIAL, CREMATION, REMOVAL (SPECIFY)		23c NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP	Burial	07/15/85	Parkwood Cemetery	Baltimo	re, Maryland	1
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDR	tre .	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEKITIT	CATE OF DEATH	O REA	. NO.	7 60	a W Gin	
1	TOECFALED NAME FIRST	MIDDLE	E OLLE		20. DATE OF DEATH		AY YEAR	26 HOUR P	
H	RAYMOND		ECKF	RICH	JULY 18,	1985		2:26 m	
	2.5EX 4.	RACE	5. DATE OF		6 AGE (IN YEARS LAST		ONTHS DATE	IF UNDER 24 HRS	
	MALE	WHITE	APRIL	5 1917 YEAR	68	YRS	ONTHS DAYS	HOURS MIN.	
		b CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT		OF DEATH		
0	DELAWARE	USA	MIDOWED		BALTIMOR	RE CITY		MD.	
		1. NAME OF HOSPITAL, NURSING			12a USUAL OCCUP			F BUSINESS OR	
5	BALTIMORE	"JOHNS HOPKINS"	HOSP1	TAL	STEEL PA	INTER	AC	PAINTING	
ď	USUAL RESIDENCE IN NURSING HOME OF OT 130 STATE 136 COUNTY			134 INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CODE			
9	MD.	BALTIMOR		YESX NO [4106 BRE		ENUE	21213	
	14 FATHER'S NAME FIRST MK	IDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	ST T	
7	VALENTINE	ECKRICH		CORA			BU	RK	
	160 WAS DECEASED EVER IN U.S. ARMI	NED FORCES? 166 SOCIAL SECURI	ITY NO.	17 INFORMANT	ADI	DRESS			
		nown 709-09-8	482	CATHERINE EC	KRICH (WI	FE) SAM	E ADDR	ESS	
	18 CAUSE OF DEATH (Enter only	ane couse per line for rai, (b) and	16.1	/			BETWEEN	MATE INTERVAL	
	PART I. DEATH WAS CAUSED IMMEDIATE		al	rest			5 min		
		DUE TO, OR'AS A CONSEQUENCE OF							
	Conditions, if any, which gove rise to immediate	(16) 15Cluse	Lave	20 my ay at his	/		1 7	ENK	
1	cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	ICE OF	01.0					
	onderlying cause last	((c)							
		ONDITIONS CONTRIBUTING TO DE	EATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE OR CO	ONDITION GIVE	N IN PART 1	a	
Н	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O	NED ATION	LAVAS DE DE ODATED	20a AUTOPSY?	TOOL IF VEC	WERE FINDI	100 11050	
	E 198 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION	WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?	
-	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRI	YES NO		<u> </u>	NO	
7		HOUR ALL HOLITH BAN	YEAR	THE HOW MAJORT OCCORRI	ED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT 1 OR PART 2)		
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION		_			
	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE FAR	RM ETC)	STREET	CITY OF	RIOWN	COUNTY	STATE	
	AT WORK AT WORK		21/1	5		17	VI		
	22a certify that II this hospital saw the deceased alive on	al) offended the deceased from	000	that in fmy) (aur) apinion d	eath occurred on the	date and hour		that ((we) last	
	abave (1) (we) (did) did not	view the fighty ofter death.	, -	EGREE _	occorred dil Inc	- Gare and Hauf	22c DATE		
	MAKE	1 COX	1	1 // ATTENDING _		TAFF V	7/1	8/85	
	201 PLINE MANUE NIAME		1	PHYSICIAN [DIRECTOR PHY	SICIANI	1/	000	

IMPORTANT. If He

1 7/84

7/22/85 BURIAL

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

CRESTLAWN

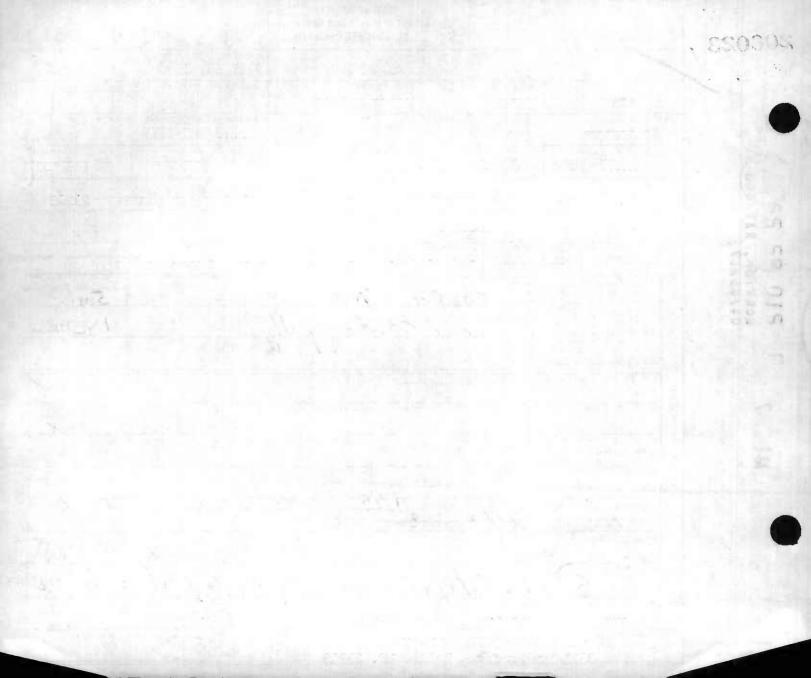
23d LOCATION BALTIMORE MD. WILL 23 1985 PREGISTRAR SSIGNATURE

STATE

COUNTY

24 FUNERAL DIRECTOS CHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto, Md. 21213

236. DATE



DHMH - 16 50M 4/83 (VRA 15, 4)

0

Wm. C. March F/H 1101 E. North Ave.

23b. DATE

7/18/85

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)Burial

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimbre

231 NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

Handelle in which duch

77r DATE SIGNED

NO []

STATE

MDATE

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Commit

YEAR

IF UNDER TYEAR

AONTHS DAYS

INDUSTRY

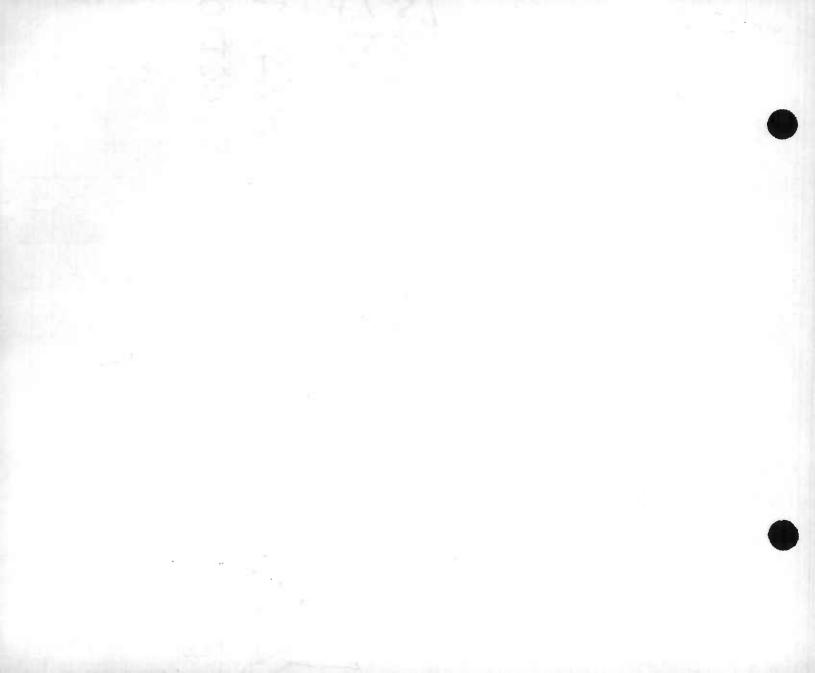
26 HOUR

HOURS

12b. KIND OF BUSINESS OR

LAST

IF UNDER 24 HRS



and the steel of the state of

Mary Market Market Committee

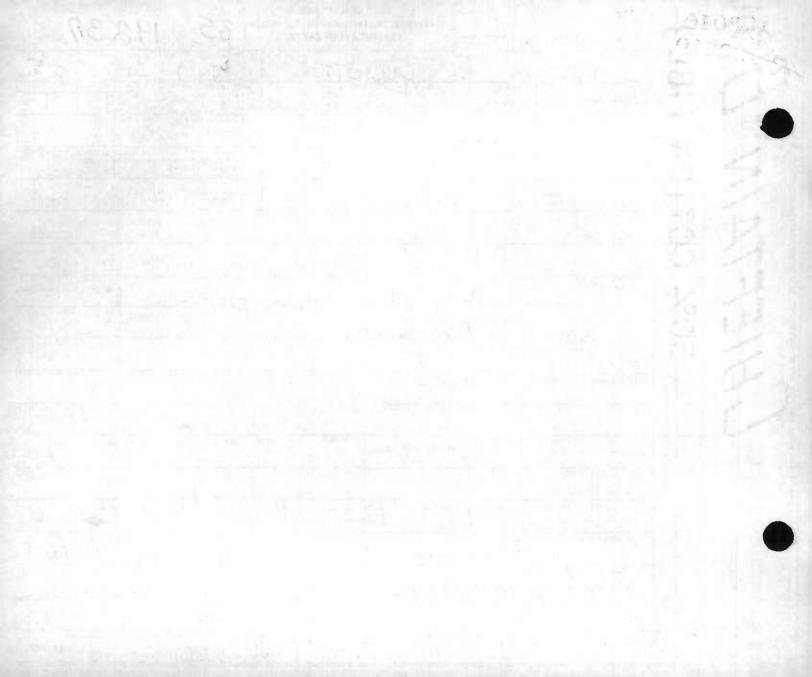
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. 12		unchand FF-11- Inc., 3707 Marting D		

FULTON T. ELLIOTT

CERTIFICATE OF DEATH 85 REG. NO. 19236

- 1	-							1	AL C			
21	1-DE	OR PRINT)	FIRST		IDDLE		AST	_	20 DATE OF DEATI	H MONTH	DAY YEAR	26 HOUR
7	5	FU	LTO	N	T.	ELL	017			7 - 8	1	1 5 . 2 W
33	J. SE.	(4 RACE		5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Ma	ale		White		Sep		22,1903	81	YRS	MONTHS DAYS	HOURS MIN.
21		THELACE (STATE OF FOR	REIGN	76 CITIZEN OF V	VHAT COUN	TRY? 8			9. BALTIMORE CIT		OF DEATH	
19	2.5	aryland		U.S.	Α.	WIDOWE		MARRIED -	Baltimo	re City	7	MD.
11	10 C	TY OR TOWN OF DEATH	н			URSING HOME C		STITUTION	12a. USUAL OCCUP		126 KIND C	American
40	Ва	altimore	16	Luthera	n Hosp	ital			Plant Re	p.		ompany
17	USU.	AL RESIDENCE (IF NURSING	G OME OR	OTHER INSTITUTION				C. IT. V. V. V. V. C. C.	La crossy appear			opuzzy
5		arvland	Howa		Ellic	ott City		NO X	3017 Br	ookwood		21043
230	_	THER'S NAME						S MAIDEN NA		001011000	1	
W	3	William	,	MIDDLE	E11i			Sara	WIDDI	É	L AS	Travers
玄		VAS DECEASED EVER IN	U.S. AR	MED FORCES?		SECURITY NO.	17 INFORM		AD	DRESS		TLAVCIO
2	- (NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	215-0	5-4134A	Mil	dred El	liott S	ame as	# 13	1
1		18 CAUSE OF DEATH	(Enter onl	v ane cause ne								ONSET AND DEATH
30	1	PART I. DE ATH WA	SCAUSE	BY:	borly	. 11	what	111	we blamas		DE I WEELN	ONSET AND DEATH
0.	6	1/	MMEDIAI	E CAUSE (a)	867 00	affect	vvan		VOCTO PICTORIO	_		
0				DUE TO, OR	1/.	SEQUENCE OF	1_ =				30	
344		Conditions, if any, a gove rise to imme		(b)	rneu	moni	7)					
13		cause (a), stating		DUE TO OR	AS A CONS	SEQUENCE OF						
		underlying cause	last	(()		,1001110101						
03		PART 2. OTHER SIGNIE	FICANTO	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	NINAL DISEASE OR C	ONDITION GIV	EN IN PART 1	a
	NO	4 3 4										
1	CAT	190 DATE OF OPERATIO	NC	196. CONDI	ION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		S, WERE FINDIN	
X	46	THE SAME		100					YES NO	4	FYING CAUSES	NO [
7	CERT	210. ACCIDENT WAS UNDER	language and the same and the s	21b. TIME OF		21c. HOW INJURY OCCURRED (ENTER NATURE				NJURY IN ITEM 18 P	PART I OR PART 2)	
7	AL	OR CONTRIBUTING CAL				DAY YEAR	1000					
6	MEDICAL	21d. INJURY OCCURRE		21e. PLACE C			211 LOCAT	ION				
	×	AT WORK NOT WHILE		(AT HOME, STRE	ET FACTORY, OF	FFICE, FARM, ETC)	STRE	ĒΤ	CITY C	RTOWN	COUNTY	STATE
				al) attacillad the	Normand	7/0	}	10 81	7/	7	10 81	4
		22c. I certify that (I) (t saw the deceased		7/4	ST TO		d that in (m)	(aur) apinian	death occurred on th	e date and hou	u and from the	that (I) (we) last
	100	abave Uniwa (dia	d) (did nat	yew the body	iter death.			7 (40-7 -		, doic ond noo		
		226 SIGNATURE	,	170/10		/ 1	DEGREE	ATTENDING	MEDICAL S	TAFF	22c. DAJE	SIGNED
		1	n	une	un	10		PHYSICIAN [DIRECTOR PH		1/	1/03
		174. PHYSICIAN'S NAM	AE (TYPE O	PRINT)			22e ADDRE	SS				
		Moges	6	ebreu	rana	In	Lut	heran h	ospital, E	altimo	ce, Md.	
1	23e E	URIAL, CREMATION, RE	MOVAL	236 DATE		23c NAME OF C	EMETERY OF	CREMATORY	23d LOCATION		COUNTY	CTATE
	B	urial		7/10/8	5	Woodlaw	n Ceme	tery	Woodlav		COUNTY	Md.
34	24 TFL	eray M. & R	usse	ll C. Wi	tzke F	uneral	Homes	P.A 250 DAT	E REC'D. BY REGISTE	AR 256 REGIST	RAR'S SIGNAT	URE
	1	630 Edmonds	on Av	renue, C	atons	ville, M	d. 212	28 1	JL U 8 198		Devidson-1	Mindelle

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 211056 - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Rederick 3. SEX 5. DATE OF BIRTH LIN YEARS LAST BIRTHDAY IF HADER 21 MAS WHITE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MARYLAND U.S.A. IMORB DIVORCED [12b. KIND OF BUSINESS OR INDUSTRY WALL INSTALLER CONSTRU 138 STREET ADDRESS / ZID CODE BALTIMORE BANTRY COURT 15 MOTHER'S MAIDEN NAME ederick MIDDLE EMM ENRIGHT SOAN 16h SOCIAL SECURITY NO ADDRESS JOAN DAVIDS OCEAN CITY. 21.842 18 CAUSE OF DEATH IEnter only one couse per line PART ! DEATH WAS CAUSED BY (sastro Jutestina DUE TO, OR AS A CONSEQUENCE OF days gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED ACCIDENT WAS UNDERLYING HOUR A.M. HTIZOM DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 22a. I certify that (1) this haspital attended the deceased from saw the deceased alive an abava, (I) (we) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated DEGREE 22c DATE SIGNED ATTENDING should be der PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS HNOCKSON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE MORIAH CEMETERY BALTIMORE CO DHMH - 16 60M 7/84 E. JOHNSON 8521 LOCH RAVEN BLVD. (VRA 15, 4)

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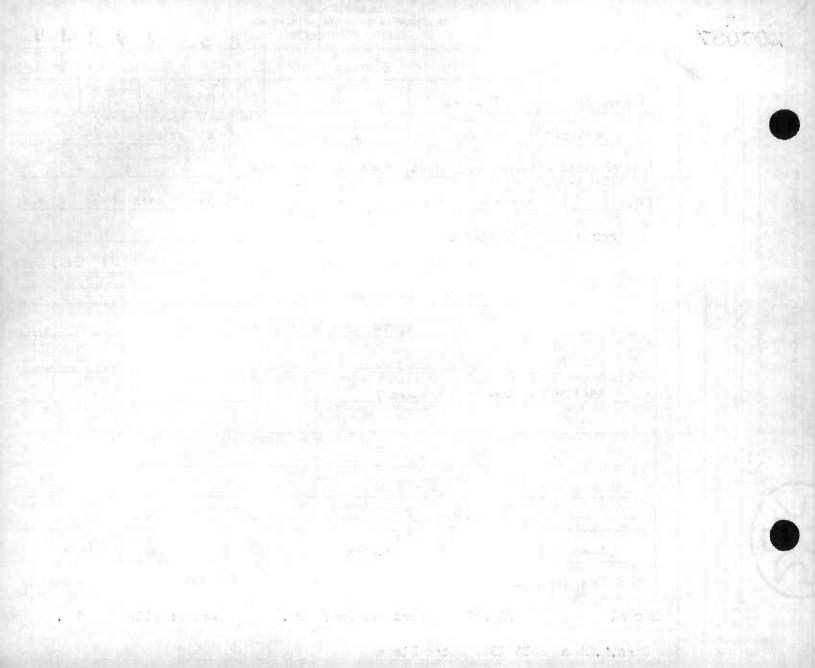
1				STAT	E OF MARYLAND					
	FOR STATE		DEPARTM		ICATE OF DEATH	ab pro	1 (0 0	7 9	
	REGISTRAR I. DECEASED NAME FIRST	N	AIDDLE		AST	RED NO	O. MONTH DAY	YEAR 1	2b HOUR	
	(TYPE OR PRINT) MARGAE	RET HEI	T.N	EMMI	ጥጥ	JULY 10.	1985		5:50 A	
	3 SEX	4 RACE	1111	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNI		IF UNDER 24 HRS	
1	FEMALE	WHITE		MARC	H 29°, 1931°	54	YRS	DAYS	HOURS MIN,	
4	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH		
,	ILLINOIS	U.S.		WIDOWE	DIVORCED	BALTIMOR			MD.	
2	BALTIMORE	JOHNS	HOPKINS	HOS	PITAL	TECHNICAL EDITOR	F WORKING LIFE) IN	b. KIND OF IDUSTRY DONTRA		
S	USU AL RESIDENCE (IF NURSING HOME OF	11A	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		20	905	
4	MARYLAND MONT	GOMERY	KENSINGT	OIN	YES NO X	2905 McCO	MAS AVE.	20	1895	
8	JOSEPH	MIDDLE	JANICK		MARGARET	MIDDLE	201	PETE	K	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	339-24-6		SS					
	NO				ROBERT J. EM	D, SAME A				
Н	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY:	line for (a), (b), and	d (c).	_				ATE INTERVAL	
1		TE C AUSE (0)	CArdio po	1/200	my Acres!			d mi	instes	
i	Condition if an interest	DUE TO, OF	AS A CONSEQUE	1.		•		3 /	6	
	Conditions, if any, which gave rise to immediate) (p)	phedmo		palumon	A		3 6	us	
	cause (a), stating the underlying cause last.									
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Vin da la				I was a state of	Tea state as	05.50.10.00		
	Y 190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI		OF DEATH?	
	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME O	F IN ILIRY	_	21c. HOW INJURY OCCURR	YES NO	YES [OR BART 3)	NO 🗌	
1		ATH HOUR A.	M. MONTH DA		The transfer occord	LED LEWISH ANIONS OF MAJOR	TO PARTE MILE PARTE	AL LAKE C		
7	OR CONTRIBUTING CAUSE OF DE-	21e. PLACE (19	21f LOCATION					
ś	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TO	MN C	OUNTY	STATE	
	220 t certify that (I) (this hosp	tol) ottended the	deceased from_	6-3	P 19 85		. 19_3	3 , th	not (I) (we) last	
	saw the deceased alive on above, (1) (we) (did) (did no	t) view the body	ofter death.	5-,0	nd that in (my) (our) opinion o	death occurred on the de	ote and hour and	from the co	ouses stated	
9	22b. SIGNATURE	- 1	,		DEGREE			22c. DATE SI	IGNED	
	Michele Fr	Marsone	u. 1	30	ATTENDING PHYSICIAN	MEDICAL STAI		7-10	-85	
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	-,, -,	2			
L.	michele F.	Nocuta			400 N. C	186h St	Baltin	5	2021205	
	230 BURIAL, CREMATION, REMOVAL CREMATION	7/12/			EMETERY OR CREMATORY OLITAN CREM	ATORY A	LEXANDI	ŘΊA.	VA STATE	
	24 FUNERAL DIRECTOR RICH					REC'D BY REGISTRAR	256. REGISTRAR'S	SSIGNATU		
	1804 T ST., N	.W., WAS	SH., D.C.	200		UL 1 5 1985	W was Law		puder	

DHMH - 16 60M 7/84 (VRA 15, 4)

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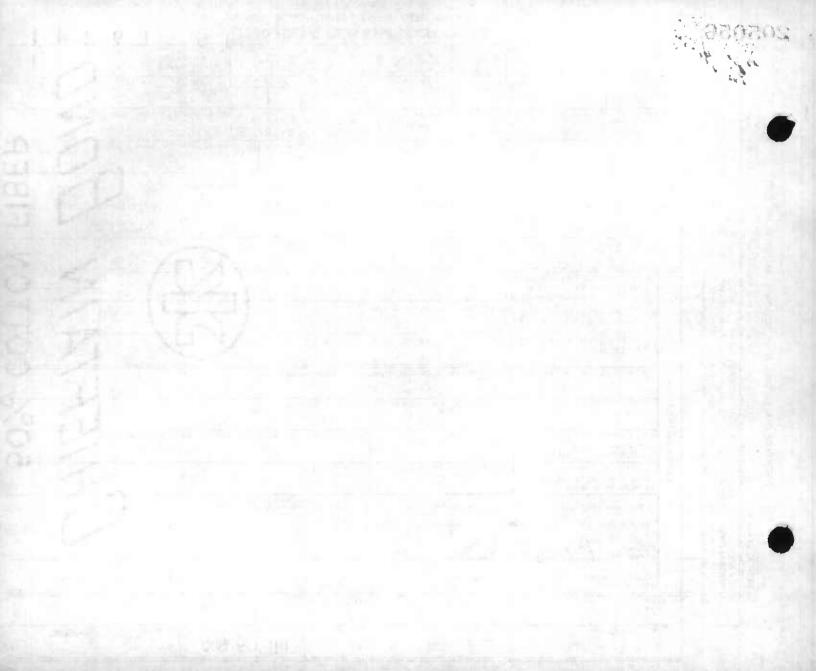
IMPORTANT: If Item 21 is marked as Item 18 shaws

For: E Life Burt of Marc of the Carlingon of the Carlingon a die . or allegen and



			STATE OF MAI	CTLAND				
	FOR STATE	DE	PARTMENT OF HEALTH A CERTIFICATE (IENE	1 0	2 4	n
25	REGISTRAR DECEASED NAME	FIRST MIDDLE	CERTIFICATE	OF DEATH	RED. NO), } 7	YEAR 2b HC	7110 5
	TYPE OR PRINTI		in Enturs			00 1005	20 110	30
^ -	SEX Will	4 RACE	5. DATE OF BIRTH	+12	6 AGE (IN YEARS LAST BIRTI	28, 1985		ER 24 HRS
1	Male	White	5 1	4 1903	82	MONTHS	DAYS HOURS	
1000	BIRTHPLACE (STATE OR FORE		NTPY2 8		9 BALTIMORE CITY OF	COUNTY OF DE	ATH	1
1	ashington D.	C. U.S.A.	MARRIED A NEV	DIVORCED		ore City		MD
2/19	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OF OTHER		12a USUAL OCCUPATIO	N 12b	KIND OF BUSIN	
81	Baltimore	(IF NOT IN SUCH FACILITY GIVE			Priest	WORKING LIFE) IND	Anglica	in
- 40 11	SUAL RESIDENCE (IF NURSING	TOME OR OTHER INSTITUTION GIVE RESIDENT COUNTY 136 CITY C	CE BEFORE ADMISSION) OR TOWN 1136 INST	DE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
	Maryland	D-712	entry YES	NOX	8806 Wolve		d 2123	34
20	FATHER'S NAME	WIDDIE	AST 15 MOTI	HER'S MAIDEN NA	_ MIDDLE	MAN INC.	IAST	
20	Jilson		Fa	nny	Genevie		Ball	
10 16	WAS DECEASED EVER IN	IF YES, GIVE WAR OR DATES)	AL SECURITY NO. 17 INFO		ADDRE			
1	No	218/3	36/1526 Els	sie M. En	twisle (sar	ne as 13ϵ		
	18 CAUSE OF DEATH (Enter only one cause per line for 101,	(b, and ic)	F F		8	APPROXIMATE INT ETWEEN ONSET AN	ND DEATH
1		MEDIATE CAUSE (a) Come	alized ark	eriorche	rosis			
940	N SCORES	DUE TO, OR AS A COM	NSEQUENCE OF					
	Canditions, if any, w							
	gave rise to immed couse (a), stating	the DUE TO, OR AS A COM	NSEQUENCE OF					
	underlying cause	lost (c)						
		ICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT REL	ATED TO THE TERM	MINAL DISEASE OR CONE	ITION GIVEN IN F	ART 110	
1	Almio	al Fibraladio	~		No.	In the second	En la union	
1	19a DATE OF OPERATIO	IN IN CONDITION FOR	WHICH OPERATION WAS PI	ERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (CAUSES OF DE	ATH?
			Thi wa	W h Livery occurs	YES NO	YES [NO	
Europe III	OR CONTRIBUTING CALL	1 110110 111 11011	TH DAY YEAR	W INJURT OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
7	IF EITHER NOTIFY MEDICAL	EXAMINER) P.M.	19	ATION		-1		
/	21d INJURY OCCURRED	LAT HOME, STREET, FACTORY.	OFFICE, FARM, ETC)	TATION	CITY OR TO	VN CO	UNIY	STATE
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		olive an 7-28	17011	. 17	death accurred on the do	, 17	, (1	
	abave, (I) (we) did	alive an 7 - 2 Y Ydid nati view the bady after death		(y) (doi) aprimon	ocam accorred on the do			
	22b. SIGNATURE	50.0.1	DEGREE	ATTENDING	_ MEDICAL STAF		. DATE SIGNE	
1	70.	evelstein		PHYSICIAN [DIRECTOR PHYSIC		7 - 28 -8:	5
7	THE PHYSICIAN'S NAM	E [TYPE OR PRINT]	22e ADI	\ .		211		
	Larry	D. Excloten	300		alvert St	- Daly	· M)
23	In BURIAL, CREMATION RE		23¢ NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNT	TY	STATE
	Cremation	7/30/1985	Green Mount			ce, Maryl		
/84	FUNERAL DIRECTOR	JA.	DDRESS		E REC'D. BY REGISTRAR			. 869
	Walter Brooks	Bradley Inc. Ba	alto., Md. 212	222	11 2 1 1085	Gilla David	son-Gana	

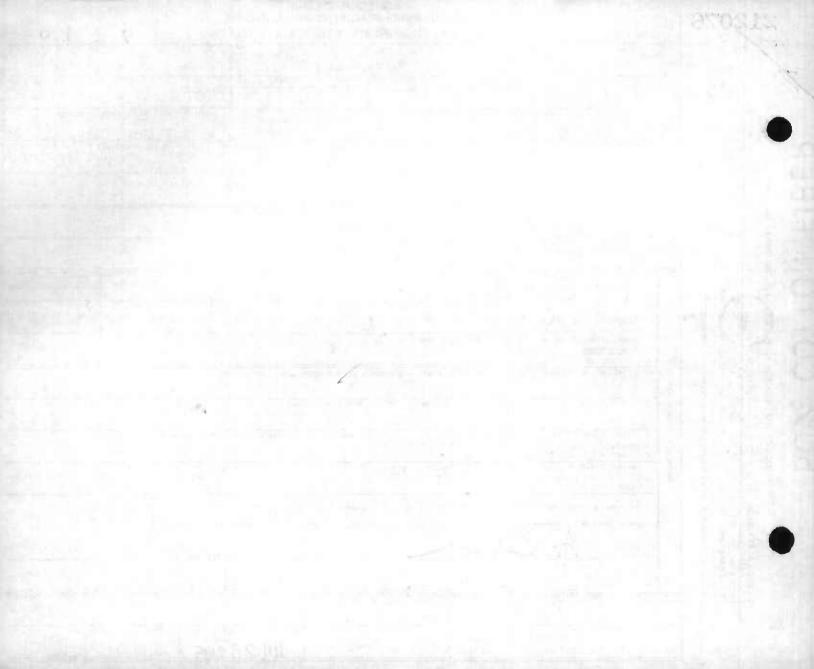
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	18		E OR PRINT)				(U	OF ESTI-	MONTH	DAY YEAR 26 HOUR
	A STREET		MAE	ELLA		(EPPS)	EPPES	DEATH MATED	₩ 7	17 19 85
	F-0-10-10-10-10-10-10-10-10-10-10-10-10-1	3. SE	ESTATE POPULATION	5. DATE OF BIRTH	YEAR LAST BIRTHD		HOURS MIN	PRONOUNCED	HINOM	17 19 85 12d HOUI
	N N N N N N N N N N N N N N N N N N N		Female Black	2 15		RS.		DEAD	7	
	おおきませつ		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH		8. MARRIED .	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH
	AND SO C		VA	US		WIDOWED X	DIVORCED [Baltimor		LA/F
	PAGE 5 PAGE 5 SE PHED.		ty or town of death Baltimore	2023 C	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) LIFTWOOD AV	e.		JSUAL OCCUPATION (1 DR MOST OF WORKING LIFE)	TYPE OF WORK	126. KIND OF BUSINESS OR INDUSTRY
21201	NAY DELA		AL RESIDENCE (IF IN NURSING HOME TATE 136, COUN		13c. CITY OR TOWN Baltimore	13d INSIDE		TREET ADDRESS 23 Cliftwoo	od Ave	. 21213
9	- Engine	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOT	HER'S MAIDEN NA/			LAST
11	35 25	D	Christopher		wlkes		annie	MIDDLE	Jenni	
WO	00270	16a. \	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURIT			ADDRE		ilgo
1	NA HAP	1 (ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	229-20-81	LO Heri	man Ennes	3930 Rexme	are Rd	
- 2	NA G		18 CAUSE OF DEATH (Enter or	oly one couse per line		1.02,	mair Eppeo	JAJO REALING	TE NO.	APPROXIMATE INTERVAL
15	N NE NE NE				teríosclero	tic cardi	ovascular	disease		BETWEEN ONSET AND DEATH
0	THIN 24 JER ALON ANSIT PER AL HYGIE REMOVA		IMMEDIA		AS A CONSEQUENCE					7312773
RES	WITHIN NCIL IN INER / RANSI ITAL H'		Conditions, if ony, which							
×.	≥ Z ≥ Z Z Z Z	1	gove rise to immediate couse (a) stating the <u>under</u>		AS A CONSEQUENCE	OF .		C TELES		
201	AG" IN P CAL EXAL BURIAL- AND ME	13	lying cause lost.	(6)						1000
DS,	DICAL EDICAL EDI		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1 IO			
RECORDS,	SA SENIOR	Z			abetes mell					
	L CAS A ME	É	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	ORMED?			20 AUTOPSY?
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DIVISION OF VITAL	W # W W W W W W W W W W W W W W W W W W	CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF		21c HOW INJUI	RY OCCURRED LENT	ER NATURE OF INJURY IN ITEM	18 PART 1 OR PAI	
N	FICAL THE VALUE OUT OUT OF THE VALUE OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR					
/ISIC	PRA PRA	MEDICAL	214 INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME.	21f. LOCATION		14 14 1		
5	STAN STAN	1 2	WHILE NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.)	STREET		CITY OR TOWN	COL	UNIY STATE
	FRANKE, STA	1					V			
	A S S S E S		22a I certify that I taak char			Autopsy	Inspection X		ond in my op	pinion
	EXAMI CERTIFI JUD BE DIRECT WITH WARYS		death resulted fram: Natu	ral causes X,	Accident, Su			determined manner	١.	
	** BEER	15	ACTUAL A	2NX	1		(SPECIFY)		DATE	7 10 05
	NEW SERVICE	1	SIGNATURE			M.D. ASS	sistant_m	EDICAL EXAMINER	SIGNE	7-18-85
	TO MEDICAL EXECUTE THE PAGE 4 SHOW TO FUNEAL PATER DEATH BALTIMORE M	+	EXAMINER'S NAME Ann	M. Dixon,	M.D.	ADDRESS	111 Penr	St., Balt	o., MD	21201
	BAT PAGE	73a.B	URIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CE	METERY OR CREMA		LOCATION		
07/84	BP		Burial	7/22/85	Mt. Calv	ary Cemet	erv	Anne_Arunde	1 Co	
25M	DHMH - 17		UNERAL DIRECTOR				250. DATE REC'D.	BY REGISTRAR 756. RE		G WHOLER.
	(VR A15 ME (5))		Wm. C. March F/	/H 1101 E	. North Ave		JUL 1 9	1985 ~	PARTY (MOD)	



	1				STAT	OF MARYLAND				
221110	11	FOR STATE		DI		EALTH AND MENTAL HYG	IENE			4 6
V	L	REGISTRAR			CERTIF	CATE OF DEATH	8 RESIN	0.	,92	42
ST George decorp		CEASED NAME E OR PRINT)	ARLES	E.	ERN	57	20. DATE OF DEATH	7/31/	85 9	240 pm
4 mor	3. SI	* MALE	4 RACE	WHIT	S DATE C	F BIRTH 7	6. AGE (IN YEARS LAST BIR		UNDER I YEAR IF UI	NDER 24 HRS
nerol dire	Zo. 6	IRTHPLACE TE OR FOR	TEIGN 76 CITIZE	SA SA	MARRIE	NEVER MARRIED	9. BALTIMORE CITY C		CITY	MD.
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tely 2 sh	14 F	ATHER'S NAME	WIDDLE		AST	15. MOTHER'S MAIDEN NA			1 467	7
y ball by		FRANK	J.	ERNS		ELIZABET	PH MODIE	GI	LMORE	
3		WAS DECEASED EVER IN	U.S. ARMED FORG		AL SECURITY NO.	17 INFORMANT	ADDRI			
be exect		YES	WW II	216-	10-0196	MARIE ERNS	ST (WIFE)	SAME	ADDRESS APPROXIMATE BETWEEN ONSET	
NG PHYSICIAN: The low requires that the death cert attending physician. Ifter this certificate has been signed by the ottending to she buriol-transit permit. Then please remove corbon than Americal Hygiene prior to burial, cremation, or retrooked or them 18 shows only injury, or other traumotic events.	CERTIFICATION	Conditions, if any, vegave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNIF	which diote the last. CICANI CONDITION	TO, OR AS A COI TO, OR AS A COI TO, OR AS A COI TO, OR AS A COI	NSEOUENCE OF	NOT RELATED TO THE TERM			ENELLE	
in. In. In. In. In. In. In. In.	I S	19a DATE OF OPERATION	JN 196. C	ONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS I	
YSICIAN: The lo sing physician. s certhicote hos mental Hygieres mental Hygieres r them 18 shows	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE)	JSE OF DEATH HOL	IME OF INJURY JR A.M. MON P.M. LACE OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCUR				<u>, </u>
ING PHY offer this os the bu th ond M	MEC	WHILE NOT WHILE	(AT HC	OME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	lmn	COUNTY	STATE
DING or a Me os olth mork		220.1 certify that (1) (1)		ded the deceased	from.	5 10 85	7/3	ši19	85 that	(l) (we) last
TOR: or us		sow the deceased abave, (1) (we) (did	alive an 7	131	19 85 or	d that in (my) (our) opinion	death accurred on the d	ate and have a	nd fram the cause	es stated
SPITAL OR ATTEN d by the hospital NERAL DIRECTOR be detached for u e Store Dept of Hr TANT: if them 21 is		22b. SIGNAJURI	idA	Webe		ATTENDING PHYSICIAN	MEDICAL STA	Se /	22c. DATE SIGN 7/31	
TO HOSPITAL retained by the TO FUNERAL should be detroment the State IMPORTANT:		DAVII	JA.W	EBER		GOOD SAM	GARITAN H	BATT	4 5,601	Josh Ag
	230	BURIAL, CREMATION, RE (SPECIFY) BURIAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltime		COUNTY BU	TIMUR, M
BP	24			8/85	Woodla		E REC'D. BY REGISTRAR		-	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERA SCHIMUT NASCHIMUT 3331 Br			me, Inc lto. Md		16 6 1985	gisha ba		delle.

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STATE OF MARYLAND 212076 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH: REGISTRAR REG NO. 1 DECEASED NAME FIRST DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-DELAY IS NECESSARY, PLEASE 310 THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. 9 BE FILED, WITHIN 72 HOURS. 205, 201 W. PRESTON STREET, DEATH MATED Μ. 23 19 85 Nan Evans 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS. DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED Female 5 32 DEAD Black 9 53 7a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. North Carolina WIDOWED DIVORCED Baltimore City. ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY South Baltimore General Hospital Baltimore ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 2507 W. Lanvale Street 21216 113b. COUNTY Baltimore Maryland YES X NO 1 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Deans Cora Ford 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 246-40-6473 Cathy Carter 504 N. Fulton Avenue NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY INJURY IN JEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 71e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE WHILE AT WORK CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy death resulted fram: Natural causes Accident Hamicide Suicide Undetermined monner TITLE (SPECIFY) ACTUAL 7/23/85 M.D. Assistant SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. STATE BURIAL Randallstown. 7/27/85 King Memorial Park 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** William C. March F/H 1101 E. North Ave. (VR A15 ME (5)) Fishia Davidson



Wm. C. March F/H, Inc. 1101 E.

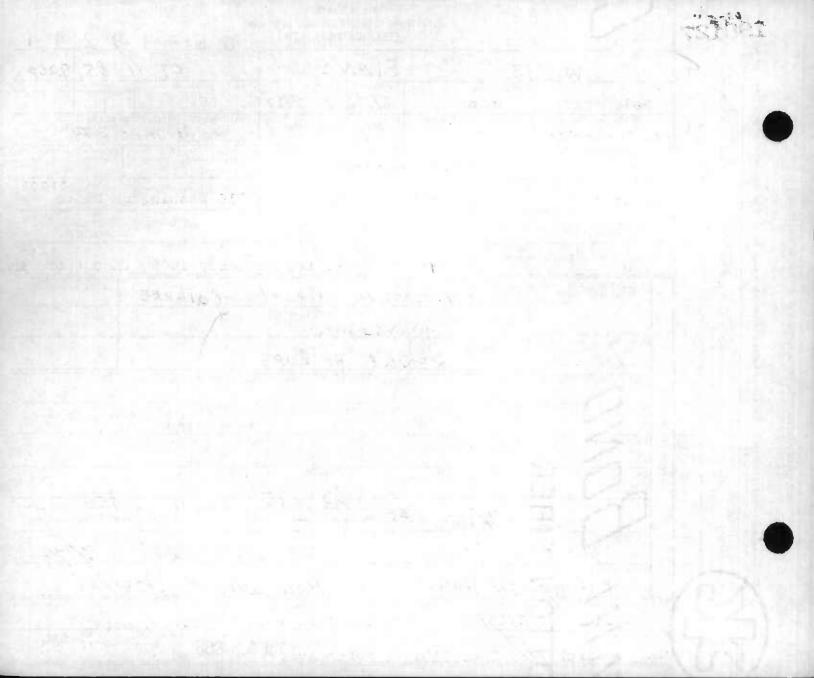
BALTIMORE, MARYLAND 2120

PRESTON ST

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

STATE OF MARYLAND



Iters 10-22a 7/29/35 m. 1.00.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21093 192-01-4819 Richard Faint Jr./202 Sandee Rd.

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211003

STATE OF MARYLA
DEPARTMENT OF HEALTH AND A

MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR G NO 20. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) J FAJMAN 2:20 PM LALOF 85 25 IF UNDER I YEAR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR MALE 22 17 BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED C47 U.S.A. Maruland DIVORCED T BALT WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE CAP TELEPHONE

MERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13a. STATE MD BACT CITY BALT

13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES A NO 🗆 15. MOTHER'S MAIDEN NAME

Marie

5913 21214 ARABIA AUF MIDDLE

ADDRESS

Joseph Faiman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO YES NO OR UNKNOWN) 216-16-0779

MIDDLE

Eleanor Fajman

Same As 13e

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

Ullrich

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION

17 INFORMANT

IRRLIOSII OF LWEB

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

NO YES [211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

CITY OR TOWN

20a AUTOPSY?

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK 2(0.1 sertify that II) (this hospital) attended the deceased from

and that a (my) jour) apinion death occurred on the date and hour and from the causes stated

THE SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF PRINT)

236. DATE

7/29/85

MEDICAL DIRECTOR PHYSICIAN 77¢ ADDRES

220 DATE SIGNEL

STATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)
Burial

LIF FITHER NOTIFY MEDICAL EXAMINERS

FOR

14 FATHER'S NAME

- STATE

23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer

DEGRE

23d LOCATION CITY OR TOWN BALT

COUNTY STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

MEDICAL

LEGRNARD J RUCK

HARFURD

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 211087 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME YEAR 2b. HOUR (TYPE OR PRINT) ELSIE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 903 Black TO BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia S. WIDOWED Baltimore City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Beatician + Seamstress USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 13e.STREET ADDRESS / ZIP CODE 727 Druid Park 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Lake Dr. Baltimore, Maryland 17 Maryland Baltimore YES X NO | 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST Mariah Henry 4307 Elderon Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-07-1617 Shirley Sears Baltimore, Maryland 21215 No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), opd (c PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES | 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 23d LOCATION ISPECIFY) 7/25/1985 Baltimore National Cem. Burial Baltimore.

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FNULLER COR Sons Funeral Home, Inc. 2501 Gwynns Falla Parkway Baltimore, Md. 21216

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TV LES IN PARCE Til taki gati . a - 11 los . - 1 APPENDED AND A SECOND OF THE PARTY OF THE PA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 206022 - STATE CERTIFICATE OF DEATH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) AMALIE FARLEY M 85 20 3 SEX RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR CAUCHSIAN 26 1896 In. BIRTHPLACE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Md. Baltimore City WIDOWEDX DIVORCED [10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker Good Samaritan Hospital Baltimore 13e STREET ADDRE Ambassador Apt 103 13a STATE Baltimore 13b. COUNTY, 13d INSIDE CITY LIMITS? 3811 Canterbury Rd. 21218 Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mary Blaha Emil Neuman 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDI247 , Cedar croft Rd. 220-44-2124 Patricia Schanberger (niece) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: Intractable Heart Failuro DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 22a.1 certify that (this haspital) attended the deceased from_ sow the deceased alive on_ 19.85 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED M D ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 5601 Lock Raven Boulevard 22d PHYSICIAN'S NAME LITTE OF PRINT 22e ADDRESS RAM LAZ BALTIMORE, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 7/24/85 Holy Redeemer Burial Baltimore 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL SCHI'munek Funeral Home, Inc. DHMH - 16 50M 1/81 (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND

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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIESTOR: A AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2		(TYPE OR PRI	ME Ani	n M. Bixon	, M.E).	ADDRES	ss_111 P	enn S	t.,	Balto	O., 1	1D 21	L201	
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Henry W. Jerdins & Jone Co., Enloy, Mil. - Place Blow Blow

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	2a. DATE OF DEATH	HINOM	DAY	YEAR	2
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DECEASED NAME FIRST ANOTHER TO PER TO PER	"	27	- STATE REGISTRAR	CERTIFICATE OF DEATH	8 5REG. NO.	9 2 5 3
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MARRIED NEVER MARRIED DVORCED Baltimore City MIDOWED DVORCED D	1 SEX		FEMALE WHITE		94 YRS.	MONTHS DAYS HOURS MI
Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13c STREET ADDRESS. ZIP CODE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 168 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR JUNINOWN) 16 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic: PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)	7a. BIR	97	BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT CO	MARRIED LI NEVER MARRIED	_	
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR JUNENOWN) I IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause last. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	130 ST	25	AR-11AND 136 COUNTY 13 CITY BA	TIMORE YES NO [13. STREET ADDRESS, ZIP CODE 242 ALBERINE	PRIEST.
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Train		or other traumatic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CO	INSEQUENCE OF		
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21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY		of hed o	(AT HOME, STREET, FACTOR)	Y, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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Robert H. Brown MI) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B 7/14		7 T	Robert H. Brown M	ATTENDING PHYSICIAN [7/14/83
Dr. Robert H. Brown 226 PHYSICIAN'S NAME (IVPE OR PRINT) Dr. Robert H. Brown Union Memorial Hospital		PORTA			n Memorial Hos	pital

DHMH - 16 50M 4/83 (VRA 15, 4)

Frank I WHITE I & BY 1887A there muke ? BURKELL TO BE WELL THE OBEING S. JUST IN AB INDIA A SHOULD A SHOULD BE SHOUL

STATE OF MARYLAND

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	BALTIMORE CITY OR COUNT	Y OF	DE	ATH	- 11	- 4
	BALTIMORE CIT	Y				MD.
215	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)		ND	USTRY	F BUSINI	ESS OR

						SIAL	UF MAKTLAND							
8027		FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL H			G. NO.	1	9 2	2 5	4
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hem 18 sh	1 7	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCI	URRED (E	NTER NATURE O	PF INJURY IN I	TEM IB PART	I OR PART 2)		
rked ar II	MEDIC	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE	THE PLACE	OF INJURY REET, FACTORY OFFICE,	FARM ETC)	211 LOCATION STREET		CITY	OR TOWN		COUNTY	5'	TATE
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ote Dept		226 SIGNATURE	Ihn A	116	my 9	0	DEGREE ATTENDING PHYSICIAN	MED DIRE	ICAL CTOR PH	STAFF HYSICIAN			SO/85	
th the St		DR. JO	HN MANN				22e ADDRESS 611 PARK	AVE.		BA	LTO.	, MD		

230 BURIAL, CREMATION, REMOVAL 23b DATE 8/1/85 BURIAL

236 NAME OF CEMETERY OR CREMATORY ARL INGTON CEM

CITY OF TOWN BALTIMORE

23d LOCATION

STATE MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson-Randalle

STATE OF MARYLAND 214113 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
E), WITHIN 72 HOURS FLOYD FFNWICK DEATH MATED Y 7-27-85 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 2119 UR PRONOUNCED 12:01 28 58 7-29-85 27 Black DEAD Male BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED & DIVORCED Baltimore City IR CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 228 S. Herring Ct. FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS BALTIMORE, MD, 21201 228 S. Herring Ct. 3n STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? MD YES K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Travers Fenwick Lucy Robert 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 7. INFORMAN Ellen Jeffers 2005 N. Washington St. 216-20-5001 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Chronic obstructive pulmonary disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USI DEPARTMENT OF 11 PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 X 22a I certify that I took charge of the remains described above, held on Autopsy Notural causes X death resulted from: Hamicide Undetermined monner TITLE (SPECIFY) DATE 7-29-85 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE 8/1/85 Baltimore Eastview Mem. Pk. MD 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5))

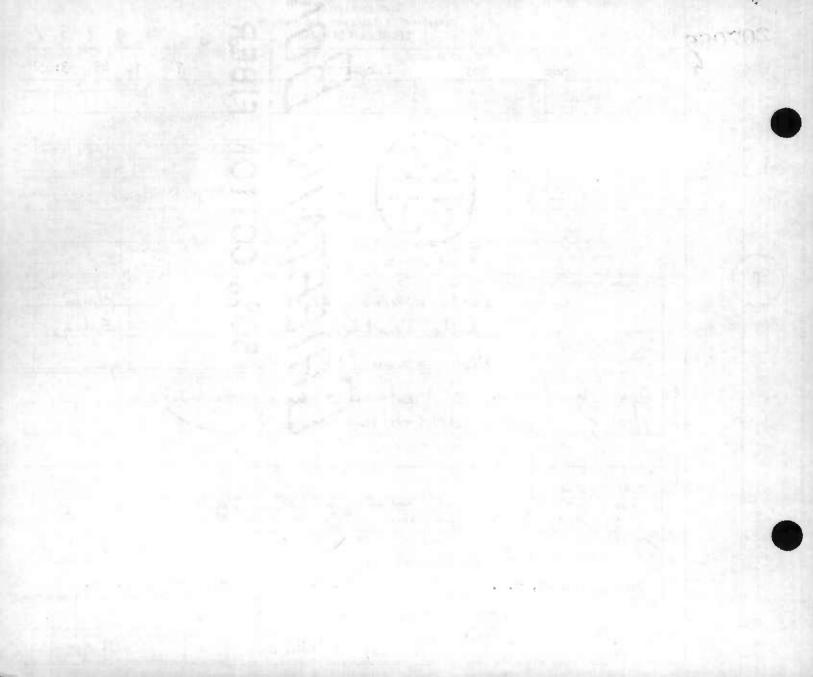
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The law ration of the law rati	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	WAS PERFORMED	YES NO	20b. IF YES, WEF IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
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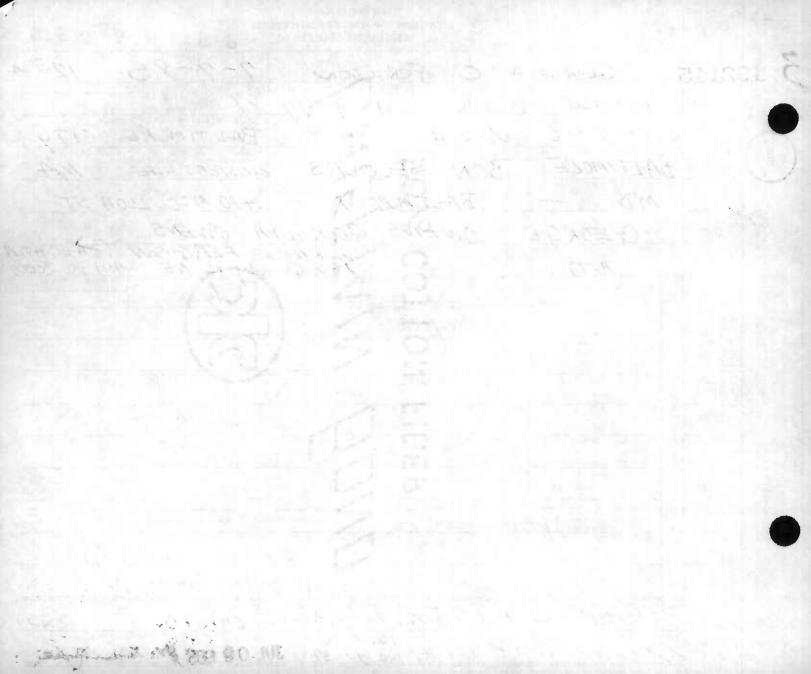
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH DECEASED NAME FIRST 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS 18 Μ. Ferguson Anna 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) SEX Female White March 4, 1898 Ja BIRTHPLACE ISTATE OFFOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City B CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore St. Agnes Hospital Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 115 Rock Glen Road Maryland Baltimore 21229 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Henthorne Catherine Henry Stagge 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 109 Rock Glen Road (IF YES, GIVE WAR OR DATES) 214-22-2796 Mrs. Betty Leahy No Baltimore, Md. 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (0), stoting the ro Scleruis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M.

OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE 220 I certify that (1) trais hospital attended the deceased fromsow the deceased alive on 12 18 above. (Tywe) (did (did not) view the body after death. _ and that in my (our) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS Rodney Lahren, P. D. St. Agnes Hospital, Baltimore, Md. 23g. BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Md ATE 7/20/85 Lorraine Park Cemetery WoodTawn

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 Ler & Russell C. Witzke Funeral Homes P. A 1012 2 1985





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213066 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME WHE OF BRIDE WITTIAM J. FICKENSCHER Y.TUT. 26, 1985 .41am 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH 1: 5EX 12 1915 White January Male BALTIMORE CITY OR COUNTY OF DEATH A. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore City WIDOWED CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR Church Hospital Baltimore Clerk-Export Railroad 113d. INSIDE CITY LIMITS? 3241 Shannon Drive 21213 Baltimore YESX Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Emilie Fischer Fickenscher Michael IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS HE YES GIVE WAR OR DATEST 212-10-8802 Matilda Fickenscher (wife) same addres WW II ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) GASTROINTESTINAL PART I, DEATH WAS CAUSED BY: APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which b) CANCER OF SOPHAGUS gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CANCER OESOPHAGUS Hygie 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 26, (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE 220.1 certify that (I) this hospital attended the deceased from JULY saw the deceased prive on JULY 26, 19 85 or 85 our ppinion death occurred on the date and hour and from the couses stated (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN old b.
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old b.
old b. CHURCH HOME CORPORATION GEORGE THOMAS 100 NORTH BROADWAYX BALTIMORE, MXXXXXX 230. BURIAL, CREMATION, REMOVAL 23t NAME OF CEMETERY OR CREMATORY MARYLAND 23b. DATE Md. (SPECIFY) Baltimore 7/29/85 Parkwood Burial 24 FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR DHMH - 16 60M 7/B4 wha baydson-pandale 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 204007 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME DATE KNOWN LAYPE OR PRINTI OF ESTI-TO THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
DS. 201 W. PRESTON STREET, 1985 FISHER DEATH MATED 12 FRANK MILLER 12:35 SEX 4. RACE AGE (IN YEARS 5. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS DAY 2c. DATE LAST BIRTHDAY) PRONOUNCED March 10,1921 1985 Male White 64 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia DIVORCED X Baltimore City WIDOWED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Restaurant -Restaurant Baltimore 2441 Ashton St. Owner 2441 Ashton Street 21223 13d. INSIDE CITY LIMITS? Baltimore YES X Maryland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDCHE MIDDLE Zula Shaffer William Fisher 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Main ST. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227-18-0470 Lindsey F.H., Inc. YES WW I T Harrisonberg. Va CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID-CERTIFICATION ACATE, WRITING.

F. FORWARDED TO THE CONTROL PROPERTY PAGE 3 SHOULD BE ACATE PAGE 3 SHOULD BY HEALT PAGE 10 BURIAL, CONTROL PAGE 10 SHOULD BURIAL B 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CRITICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEPYBRALIMORE, MARYLAND, 21201 PRI 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK Inspection X 220 I certify that I taak charge of the remains described above, held an Autopsy Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant 7 - 13 - 85SIGNATURE MEDICAL EXAMINER EXAMINER'SONAME ! Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial July 15,1985 Singers Glen Cemetery Rockingham Virginia 07/84 DATE RECD. BY REGISTRANS SIGNAL OF 25M 24 FUNERAL DIRECTOR DHMH - 17 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))

1981441

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1-	FOR STATE			DEPARTA			MENTAL HY	GIENE				-	1.	0	
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	OR PRINT	FIRST		AIDDLE		AST		20. DATE	OF DEATH	HINON	DAY	YEAR	2b HOUR		
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3 SE	X		4 RACE		5. DATE C		YE AR	6 AGE (II	N YEARS LAST BIRTH	HDAY)	MONTHS	DATS	IF UNDER 2	24 HRS MIN.	
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	altimore	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY GIVE STREET BALTIMORE	ADDRESS)		21218	LEVER OF WE	OCCUPATION OF FOR MOST OF	WORKING	LIFE IND	reig	f BUSINES ht	SS OF	
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{	YES, NO OR UNKNOWN)	WW .	11	215 05	5105	Ferd	inand H	Fogler	Sa	ame a	as 13	3e		91	
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	underlying cau	ose last	((c)						11111						
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<		WHILE										-			
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	22b. SIGNATOR		//	n(1	11.	DEGREE		H			22	DATE	SIGNED		
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	224 PHYSICIAN'S	NAME	Political Control of the Control of	4:1	. ^	22e ADDRE	SS	torst							
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	BURIAL, CREMATIO		7/17/8	35 B		emetery or	CREMATORY tional		CATION Balto		COUN	ity	Mď	ATE	

4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

15 1985 juna Davidson-Randale

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

George J. Gonce

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DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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		REGISTRAR			CERTIF	ICATE OF DE	ATH	8 8	NO.	9	600	0	4
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	3. SE		4. RACE		5. DATE C	OF BIRTH	6	6. AGE (IN YEARS LAST	BIRTHDAY)		ERIYEAR	IF UNDER 24	1 HRS
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		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per SED BY:	line for 101, (b),	and ic.	1-1		1200	/	(10	BETWEEN	MATE INTERVA	ATH
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		couse (a), stating the	DUE TO, O	R AS A CONSEC	DUENCE OF	. /	2					0 -	
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	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED T	O THE TERMIN	VAL DISEASE OR CO	ONDITION G	IVEN IN	PART Ito	-	
	CERTIFICATION												
1	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF Y	ES, WER	E FINDING	GS USED OF DEATH	2
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		220 1 certify that (I) (this ha	spital) attended th	e deceased from	n	3	19 05	_, to	3	. 19 8] ,	hat (h (we) lost
	- 3	above. (Distor did)	and your the body	ofter death.	, or	id that in (my) (a	our) opinion de	oth occurred on the	dote and he	our and f	rom the c	ouses state	d
		THE SIGNATURE	1	0		DEGREE				12	h. DATES	HIGNED	
		John	-1.	Guer	700	AT PH	TENDING TYSICIAN	MEDICAL ST	TAFF SICIAN M		7/13	5/85	
		22d PHYSICIAN'S NAME IIII	(OR FWINT)	1	1.5	22e ADDRESS			1		1	1	
		110	HNF	CARY	us	301 S	t. Paul	Place	Ba14	NAP	21	202	_
	230 B	URIAL, CREMATION, REMOV.	AL THE DATE	73	NAME OF C		EMATORY	23d LOCATION	1 4/11	Marc			
	(SPECIFY) Burial	7/16	/85	St. Do	minic'		AQUASO	0 . P	r Ge	20.	Md.STA	E
		JNERAL DIRECTOR		P. 0		156		REC'D. BY REGISTRA	AR 25b. REGIS	TRAR'S	SIGNATU	IRE	
	Н	untt Funera	1 Home	ADDRESS	5	14. 2060	\$134 th	s o 1985	diverb	widow	n-Par	plett	12

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 204123 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH .-REGISTRAR REG. NO. DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-CESSARY, PLEASE
JERAL DIRECTOR.
OR YOUR FILES.
WITHIN 72 HOURS DEATH MATED 14/0 85 Forrest, Jr. Thomas DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Male 1085 DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED | DIVORCED BaltimoreCity O CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Brewery Laborer Francis Scott Key Medical Center Baltimore 1301 S. Highland Ave. 21224 13d INSIDE CITY LIMITS? Maruland 15 MOTHER'S MAIDEN NAME MIDDLE arrie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Loretta Williamson 2408 Lamppost Lane -32-227 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI YES 🗍 NO K KKEUUE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C **TO FUNERAL DIRECTOR**: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT^{*} 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection K 220. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/15/85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Gregory R. Kauffman, M.D. 23d. LOCATION 7-18-85 Westview 07/84 24 FUNERAL DIRECTOR **DHMH - 17** harles S. Zeiler & Son Inc. 901 S. Conkling St (VR A1S ME (S))

x= 1501 5. Uselland Ave. 2/229 AL TRUDO The ser of Lorentia Mil Language 2408 Lympoost Court Become 1-18-17 realisting law Parts sectiviza Bits. Co., 26.

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DHMH - 16 60M 7/B4

23a BURIAL, CREMATION, REMOVAL

Burial

(VRA 15, 4)

24 FUNERAL DIRECTOR Singleton Funeral Home Glen Burnie, MD

73% DATE

231 NAME OF CEMETERY OR CREMATORY 985 Glen Haven Mem

STATE OF MARYLAND

Pk Glen Burnie AA

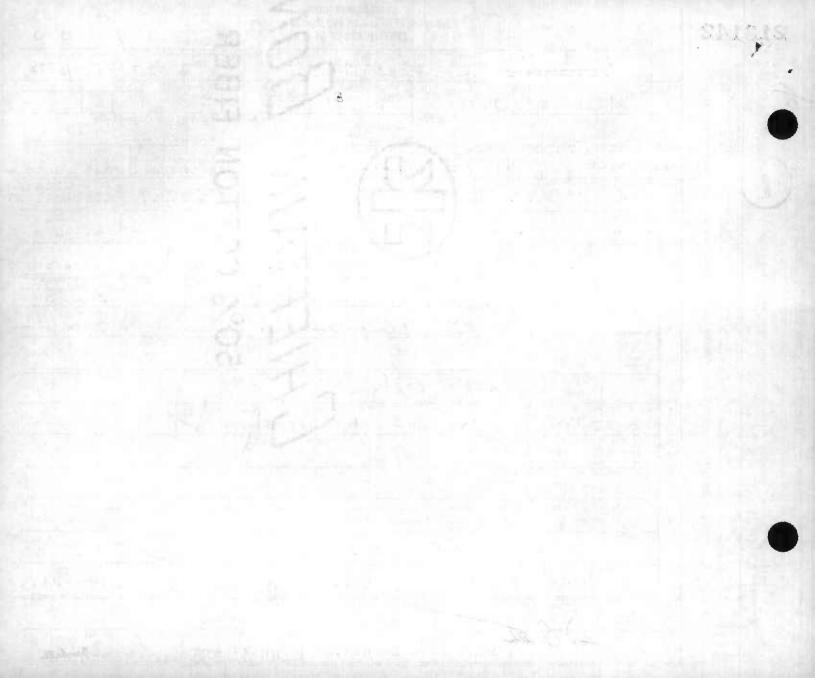
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markey dron- hands so

2b. HOUR

IF UNDER 24 HRS

STATE



FOR

- STATE

MALE

MD

IFICATIO

CERT

MEDICA

IL SEX

REGISTRAR DECEASED NAME (TYPE OR PRINT)

A BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

MARYLAND

BALTIMORE

FATHER'S NAME

HERMAN

MELVIN

THOMAS

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

4. RACE

A.A.

E.

(IF YES, GIVE WAR OR DATES)

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

WHITE

STATE OF MARYLAND

FORSYTHE

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

JOHNS HOPKINS HOSPITAL

GLEN BURNIE

LAST

FORSYTHE

5. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

FEB.11, 1915

MARRIED NEVER MARRIE

YES T

15. MOTHER'S MAIDE

17. INFORMANT

DIVORCE

FIRST FLORENC

LUVO	IFAIF		
l hyg	8 RE. NO.	9 2	6 /
154	20 DATE OF DEATH MONTH DA	-134111	26 HOUR 7
	JULY 12, 1985	5	3:32 M
R		UNDER I YEAR	IF UNDER 24 HRS
K	70 YRS	NATION DATE	HOURS MIN.
	9 BALTIMORE CITY OR COUNTY C	F DEATH	
	BALTIMORE CITY	Z	MD.
N	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OI	F BUSINESS OR
	DISPATCHER (ret)	TEXAC	o co.
TS?	13e.STREET ADDRESS / ZIP CODE		
	103 CHALMERS AVE	. 2	1061
NNAM	AE MIDDLE		
E	MINDLE	SCHU	MAN
(W)	FE) ADDRESS		
7 7	EODCAMILE CAME	AC #12)

20b. IF YES, WERE FINDINGS USED

INCERTIFYING CAUSES OF DEATH?

www. Mandatte

NO	N/A	ZIZ.U9./993 MRS. DORIS A. FORSTINE S	AME AS #IS
		acing to monthly annext	APPROXIMATE INTERVA
Conditions, if ony, wh gove rise to immedi cause (a), stating underlying cause li	nich (b). tote the DUE TO,	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	lak.

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE

220.1 certify that (f) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) apinian death accurred withe date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

Cime.

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY BURIAL GLEN HAVEN MEM. PARK GLEN BURNIE MD. JULY 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE

GLEN BURNIE, MD. 21061

(VRA 15, 4)

DHMH - 16 60M 7/B4

a division and the second of the

190036

mpletely filled in by the funeral director, page 3 and 2 shauld be filed within 72 haurs after death

TO FUNERAL DIRECTOR, After this certificate hos been signed by the ottending physicion and consthained be detached for use as the buriol-tronsit permit. Then please remove carbon oppers, Poges with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remova.

IMPORTANT: If them 21 is marked at them 18 shows any injury, or other traumofic event, the medical seconds.

certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The low requires that the deoth.

retained by the haspital ar ottending physician.

TO HOSPITAL

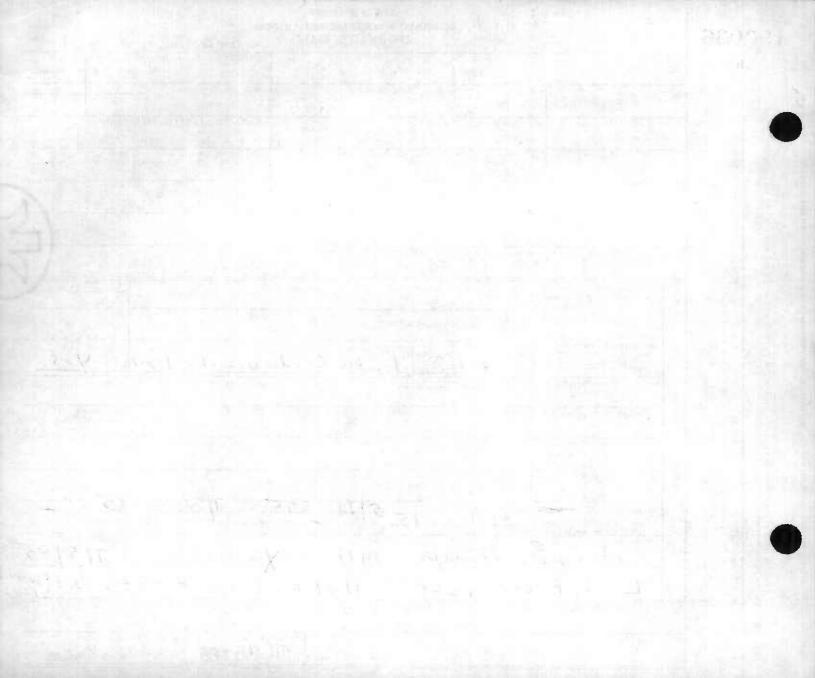
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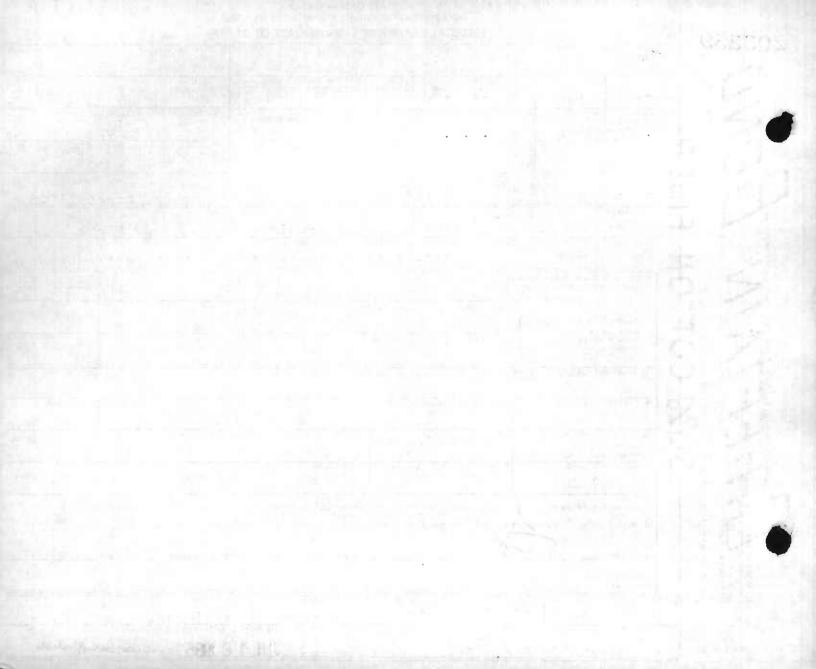
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51	ATE	OF.	MARYL	AND

EPARTM	ENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
	CE	DTI	ELC	ATE	OF	DEATH	

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND	MENTAL HYG DEATH	0 6	G. NO.	19:	2 6 8
	CEASED NAME	FIRST	N	NIDDLE	(AST		20 DATE OF DEA	тн момтн	DAY YEAR	2b. HOUR
		osephin	e	E.	For	ctune		July	3,	1985	M
3. SE.	X	4. RA			5. DATE C		YEAR	6 AGE IN YEARS L	AST BIRTHDAY)	MONTHS DA	
	Female		Bla	ck	4	7	1893	9	2 YI	RS.	is mosts mile.
	IRTHPLACE (STATE OR FO	DREIGN 76 CI	ITIZEN OF V	VHAT COUNTRY?	8.	NEVER	MARRIED -	9 BALTIMORE C	TY OR COU	INTY OF DEATH	
	Virginia	U	J. S.	Α.	WIDOWE		ONORCED [Balti	more C	itv	MD.
10 C	ITY OR TOWN OF DEAT			OSPITAL, NURSING	G HOME C		STITUTION	12n USUAL OCCU	JPATION	12h KINI	D OF BUSINESS OR
	Baltmore		1015	N. Carrol	lton	Ave.		Unemp1	oyed	NOTIFE) INDUST	K1
13a. S	AL RESIDENCE (IF NURSIN	NG HOME OR OTHER		GIVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	13e STREET ADDR	ESS / ZIP C	ODE	21217
Ma	aryland	All the contract of the	Mary Marie Control Control	Baltimor	e	YESXX	NO 🗌	1015 N.	Carro]	llton Av	e.
14_F/	ATHER'S NAME	WIDDIE		LAST		15 MOTHER	R'S MAIDEN NAM	ME	DLE		LAST
	James			Lovi	ng	Nann					
	WAS DECEASED EVER I	N U.S. ARMED		166 SOCIAL SECUE	RITY NO.	17 INFORM	ANT	Α	DDRESS		Estil 17
,	no	(II TES, ONE TIME	OR DAILS!	214/22/8	3382	James	Loving	2009 N.	Monroe	Street	21217
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse 101, stoting underlying couse PART 2. OTHER SIGN	which ediate g the lost.	DUE TO, OR (b) DUE TO, OR (c) DITIONS CC	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE TION FOR WHICH	NCE OF Scles	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION		
IFIC,	THE DATE OF STERMIN		170. COMB	not the transfer	0. 210		OWNED	YES TO NO	INCI	ERTIFYING CAUS	
ERT	210. ACCIDENT WAS UNDE	ERLYING [216. TIME OI	FINJURY		21c HOW	INJURY OCCURE	RED (ENTER NATURE O			
AL O	OR CONTRIBUTING C	AUSE OF DEATH		M. MONTH DA							
2	(IF EITHER NOTIFY MEDIC		P.A		19	211 LOC A1	ION				
WE	WHILE NOT WHILE AT WORK	UE C		EET, FACTORY, OFFICE FA	RM, ETC)	STRE		CITY	ORTOWN	COUNTY	STATE
	22a.1 certify that (t) ((this haspinel) o	ttended the	1.0	4	5/19		10 11	3	1900	_, that (I) (wellost
	saw the decease obove, (I) (was) (di 22b. SIGNATURE	ME (TYPE OR PRIN	· 9	henzer		DEGREE MD 22e ADDRI	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF	22c DA	ATE SIGNED 1 5 85
22	22d. PHYSICIAN'S NA	is E. C	the body	henzer)	DEGREE M D 22e ADDRI	ATTENDING PHYSICIAN S	MEDICAL DIRECTOR PI	STAFF HYSICIAN	22c DA	
23a. I	226. SIGNATURE 226. PHYSICIAN'S NA LOUI BURIAL, CREMATION, R (SPECIFY)	is E. C	b. DATE	renzer 172er	AME OF C	DEGREE M D 22e ADDRI 11 C	ATTENDING PHYSICIAN SSS	MEDICAL DIRECTOR PI	STAFF HYSICIAN [5+.	
	226. SIGNATURE 226. PHYSICIAN'S NA BURIAL, CREMATION, R	ME (TYPE OR PRIN 5 E. C REMOVAL 231	b. DATE	rengt nzer 985 Ar	AME OF CO	DEGREE M D 22e ADDRI 1 C EMETERY OF	ATTENDING PHYSICIAN SESS CREMATORY TIAL PAR 1250 DATI	MEDICAL DIRECTOR PI	STAFF HYSICIAN C WN WN 15, Ma:	5+.	ATE SIGNED 1/5/85 B. 1/2/20 STATE





DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOWLER

29,

MARRIED WEVER MARRIED

1 916

DIVORCED [

5. DATE OF BIRTH

April

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

AP.				
	15		i i	9
	8	REG. NO.		7

BALTIMORE CITY OR COUNTY OF DEATH

7/21/85

6 AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

1134 INSIDE CITY LIMITS? 134 STREET ADDRESS 4 ZIP COPE

Retired

BALTIMORE CITY

TYPE OF WORK FOR MOST OF WORKING LIFE

EN	Ł					mul.	57
	8	RIG. N	10.	9	2	1	U
20	DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	IR ~

IF UNDER I YEAR

INDUSTRY

3:50AM

12b. KIND OF BUSINESS OR

Nursing

207040	FOR STATE REGISTRAR
	J. DECEASED NAM

Female

Maryland

BALTIMORE USUAL RESIDENCE (IN NURSING NO. 130 STATE 1136 CO

169 WAS DECEASED EVER IN U.S. ARME

Canditions, if any, which gave rise to immediate couse (a), stating the

underlying cause last. PART 2 OTHER SIGNIFICANT CON

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

220 I certify that (1) (this hospital)

22d PHYSICIAN'S NAME (TYPE OR PR FM bessnerm

226. SIGNATURE

18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B

10 CITY OR TOWN OF DEATH

Maryland M FATHER'S NAME FIRST

IYES NO OR UNKNOWN)

no

CERTIFICATION

MEDICAL

ā os the b morked

COUNTRY

FIRST

KATHERINE

4. RACE

MIDDLE G.

White

USA

76. CITIZEN OF WHAT COUNTRY?

JOHNS HOPKINS HOSPITAL

13C CITY OR TOWN

INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

To BIRTHPLACE ISTATE OF FOREIGN

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o FUNERAL DIRECTOR: A bould be detached for use the State Dept. of Heal PORTANT: If Item 21 is m

PRESTON ST.,

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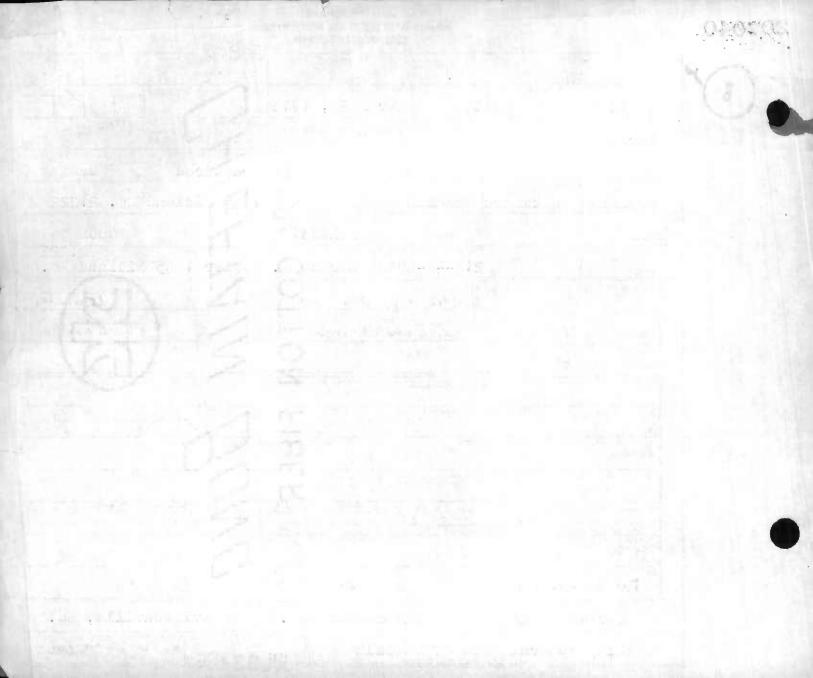
DIVISION OF VITAL RECORDS,

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BP	Dur. Te	(/ 6	20/00	
IMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Conhelly	Funeral	Home	og

230 BURIAL, CREMATION, REMOVAL

ryland	Marti	Lmore	Dunda	IK	YES NO	Ž	1942	патаг	id Ru.	21222
R'S NAME NK	WIDDI	E	Sames		Nellis			IDDLE	Cc	oök
DECEASED EVER	IN U.S. ARMED (IF YES, GIVE WAR	OBDATES	166 SOCIAL SE 214-40		Maurice	e J.	Fowler	ADDRESS 1945	Midla	21222 and Rd.
PART I. DE ATH W	H :Enter anly on AS CAUSED BY IMMEDIATE CA		line for 101, 161.		ntory are	est			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
nditions, if ony, ve rise ta imm	which (DUE TO, OR	AS A CONSEC CAVE	DUENCE OF	of liver	H	15			Emonths
use (0), stating derlying cause	-	DUE TO, OR	AS A CONSEC	DUENCE OF			- 50		1 10	XFZ
RT 2 OTHER SIGN	NIFICANT CON	DITIONS <u>CC</u>	NTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE O	RCONDITION	GIVEN IN PAR	lT Ica
DATE OF OPERAT	ION	19b CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORME	D	200 AUTOPS		F YES, WERE FII ERTIFYING CAU YES [NDINGS USED USES OF DEATH? NO
ACCIDENT WAS UND	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M	A. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITE	M 18 PART I ORPAR	[2]
INJURY OCCURR	ILE C	21e PLACE C	OF INJURY SET, FACTORY, OFFIC		211 LOCATION STREET	20		TY OR FOWN	COUNT	
l certify that (1) saw the decease abave (1) (welld	dalive an 7	-21	19	0.0	nd that in (my) (our)				_	, that (I) (we) lost the causes stated
SIGNATURE ON HISTM					PHYS	NDING HCIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		ATE SIGNED
FM Ges					601 1	V Bra	eadway	Balo	to med	
AL, CREMATION, I	REMOVAL 23	7/23/			emetery or crem 110WS C		23d LOCATIO		onvirl	e, Mdstate
MALDIRECTOR	Funer	al Ho	me Gars	Dunda	lk		REC'D_BY REG			NATURE





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	01	HEND		MILL	ILLERIA DATE	**
E	RTI	FICA	ATE	OF	DEATH	

-4	REGISTRAR			TICALE OF	PERIII	DEG. NO.									
		CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
	(1772		Albert	Ed	lgar	Fran	npton,	Jr.			7	6	85	4	FA M
	3. SE)	X		4 RACE		5. DATE	OF BIRTH	YEAR	6 AGE (IN	YEARS LAST BIR	(HDAY)	IF UNDER	DAYS	IF UNDER	R 24 HRS
		ale		Whi		1	14	1916	69		YRS		0.7.5	I.OOKS	Wille.
1		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COU	NTRY? 8	ED XX NEVE	R MARRIED	MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH						
-	Ma	aryland		U.S	S.A.	WIDOW	/ED 🗍	DIVORCED [Baltimore City					MD.	
	10. CITY OR TOWN OF DEATH 11. NAME OF			11. NAME OF I	HOSPITAL, N	URSING HOME E STREET ADDRESS)		OCCUPATION FOR MOST O			KIND OI USTRY	F BUSIN	ESSOR		
	Baltimore 3719 Ravenwood USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE											eth.	St	eel	
-	130 S	STATE	13b. COUN		130 CITY OF			CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	DE			
2		aryland	-		Balt:	imore	YES 🔀	NO 🗌		Raver	wood	Ave	nue	2	1213
	14. FA	THER'S NAME		MIDDLE	LA	ST	15 MOTHE	R'S MAIDEN NA	WE	MIDDLE			LAST		1 3
0		Albert		E. F	'rampto	on, Sr.	I	da		V.			Smit	h	
1		VAS DECEASED EV		MED FORCES?	166 SOCIAL	L SECURITY NO.	17 INFOR	MANT	4-4	ADDRE	SS				-5
	No				213-0	07-0650	Ida	M. Fram	pton		Same	as]	Line	13	e
		18 CAUSE OF DE	ATH (Enter or	ly one couse per	line for (a),	(b), and (c).)	53.5	10	~10-			BE	APPROXIMETWEEN C	MATE INTE	RVAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIL INFANCTION										SAME			
		E		DUE TO O	RASACON	SEQUENCE OF									
		Canditions, if a		(b)_											
		gove rise to cause (a), sto	ating the	DUE TO, O	R AS A CON	SEQUENCE OF							7		
		underlying ca	use last.	(c)		10000									CE.
	7	PART 2 OTHER S	IGNIFICANT (ONDITIONS CO	ONTRIBUTIN	G TO DEATH BU	T NOT RELAT	ED TO THE TERM	AINAL DISEA	SE OR CON	OITION GI	IVEN IN P	ART 10		
	CERTIFICATION														
9	ICA	190 DATE OF OPE	RATION	196 CONDITION FOR WHICH OPERATIO			ON WAS PER	FORMED	200 AUT	OPSY?		ES, WERE IFYING C			
	RTIF					24-1-6			YES 🗌	NO		res 🗌		NO [
		210. ACCIDENT WAS				H DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR P	PART 2)		
1	CA	(IF EITHER NOTIFY M	EDIC AL EXAMINER) P.		19									
	MEDICAL	21d. INJURY OCC		21e PLACE		OFFICE, FARM, ETC.)	211 LOCA			CITY OR TO	WN	COU	YIM		STATE
		AT WORK AT	WHILE WORK					/				-			
		22a I certify that		,	e deceased	0	8/14/		, to	7					(we) last
		saw the dece abave, (1) (we	eased alive an e) (did) (did na	t) view the bady	after death	1985	and that in (m	y) (aur) apinian	deoth accurr	ed an the do	ite and ha	iur and fro	am the c	auses st	ated
		226. SIGNATURE		11/2		1.	DEGREE	ATTEMPING	west.	CTAI		22 c.	DATES	IGNED	05
		110	uis	x (0)	Mo	a		PHYSICIAN	DIRECTOR				/-	-8-	-83
И	-	27 PHYSICIAN'S	NAME (TYPE C	R PRIN1)		0	22e ADDR	ESS							1-71
				Carmody,	M.D.			n Memori							
		URIAL, CREMATIO	N, REMOVAL	236. DATE		23c NAME OF	CEMETERYO	R CREMATORY	23d LOC	ATION Y OR TOWN		COUNTY	γ		STATE
		Bur	ial	7/9/	85	Meadowr	idge M	emorial	Dor		Ho	ward		ary	

21222

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Howard

Maryland

DHMH - 16 60M 7/84

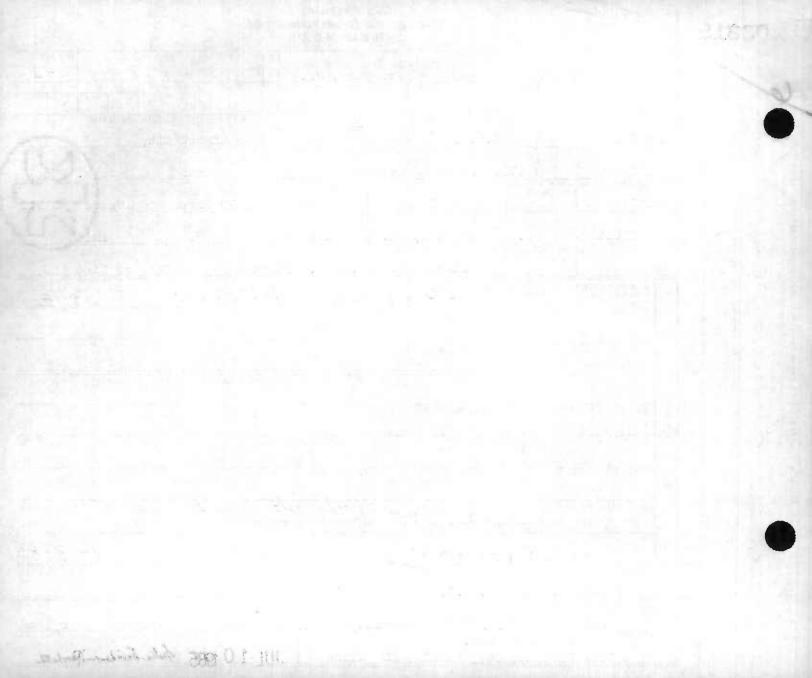
(VRA 15, 4)

24 FUNERAL DIRECTOR

7922 Wise Avenue, Dundalk, MD

Duda-Ruck, Inc.

should be detached for use as the buriol-transit pewith the State Dept. of Health and Mental Hygiene



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0. 1 9	-)	7 3
	CEASED NAME FIRST		MIDDLE	,	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
{125c	E OR PRINTI	lina	80.	FRAI	NCI S		07 06	85	744 AM
3 SE		4. RACE		S. DATE C		6. AGE IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
1	F	Cana		MONTH	DAY YEAR	54	YRS.	HS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D P NEVER MARRIED	9 BALTIMORE CITY		DEATH	
	Maryland	US	SA	1	WIDOWED DIVORCED BO BALTIMORIO, +				MD
452	BALTIMORE CITY 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S ITNION MEMORI			ADDRESS)	DROTHER INSTITUTION 21218	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		26. KIND C NDUSTRY	OF BUSINESS OR
USU 130.	AL RESIDENCE (IF NURSING HOME COSTATE 136 COU	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
	Md.		Baltimo		YES X NO	1003 Rect		e 21	211
14. F.	ATHER'S NAME	WIDDLE	LAST	KI B	15 MOTHER'S MAIDEN NA	ME MIDDLE		LA!	
1	James	F.	Davis		Lillian	WIDDEE			enour
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU 218-26-8		17. INFORMANT Cheryl Spink	1003 F as Balt.	ectory	Lane	
	18. CAUSE OF DEATH (Enter of	only one couse per			1	24201,	٧.		ONSET AND DEATH
	PART I. DEATH WAS CAUS		4 8 .	aen:	c Shack				hrs.
1	IMMEDIA		R AS A CONSEQUE	U			107 (17)		
	Conditions, if any, which	DUE 10, 0	Muse	U	ial Infac	ction		a/	rs.
100	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCEOS					
	underlying couse last.	(6)	K AS A CONSEQUE	INCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	N PART 1	01
NO.									
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YES			NGS USED S OF DEATH?
18	21a ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY OCCUR		IRY IN ITEM TO PARE T	OR PART 2)	
120,790	OR CONTRIBUTING CAUSE OF DE	CAIN	M. MONTH DA M.	AY YEAR					
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION	CATY OR TO		COUNTY	STATE
2	ILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM. ETC.)	STREET	CHYORIC	JWN	COUNT	STATE
1	220 I certify that (I) (this has	pital) attended th	e deceased from	7-	6 , 19 8	5_, to	- 6 19	85	that I) (we) last
	saw the deceased alive a	on	G 19_	85,0	nd that in (my) (our) opinion	death accurred on the d	ate and hour an	d fram the	couses stated
13	726 SIGNATURE	11	11/1		DEGREE			22c. DATE	SIGNED
10	h / auro	Wrook	Lukan	110	ATTENDING PHYSICIAN [MEDICAL STA		7-	6-85
1	224 PHYSICIAN'S NAME (TYPE	OR MINIT			22e ADDRESS				
	David J. CK	ohan			UNION MEMOR	IAL HOSPITA	L		
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	cc	YINUS	STATE
	Burial	July 9	. 1985 Cr	estla	wn Gardens	Baltimor	e, Mary	land	
24 F	UNERAL DIRECTOR		3818	Rolar	nd Ave. 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNAT	PRENdelle
A.	Alan Seitz Fu	neral Ho				1 0 8 1305	1		

DHMH - 16 50M 4/83

(VRA 15, 4)

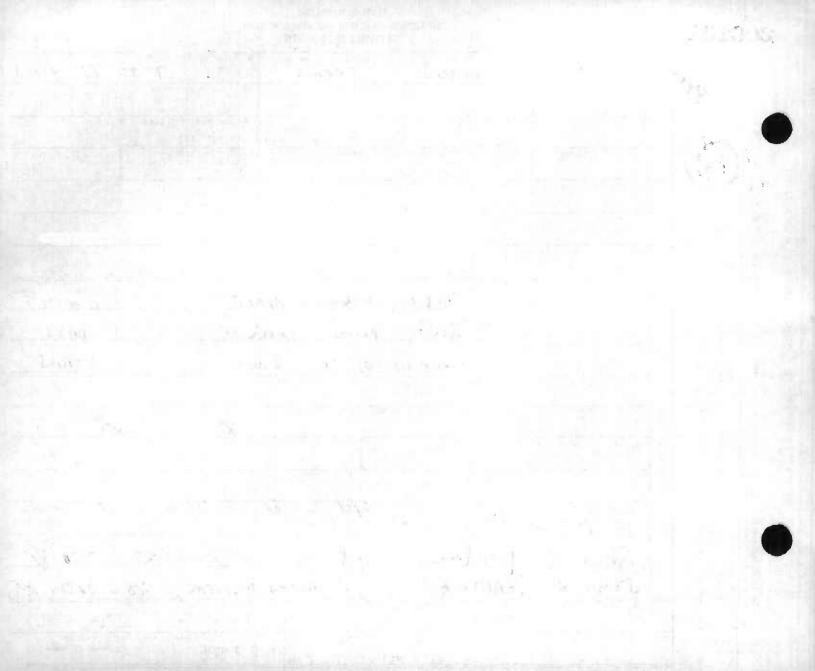
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ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave.

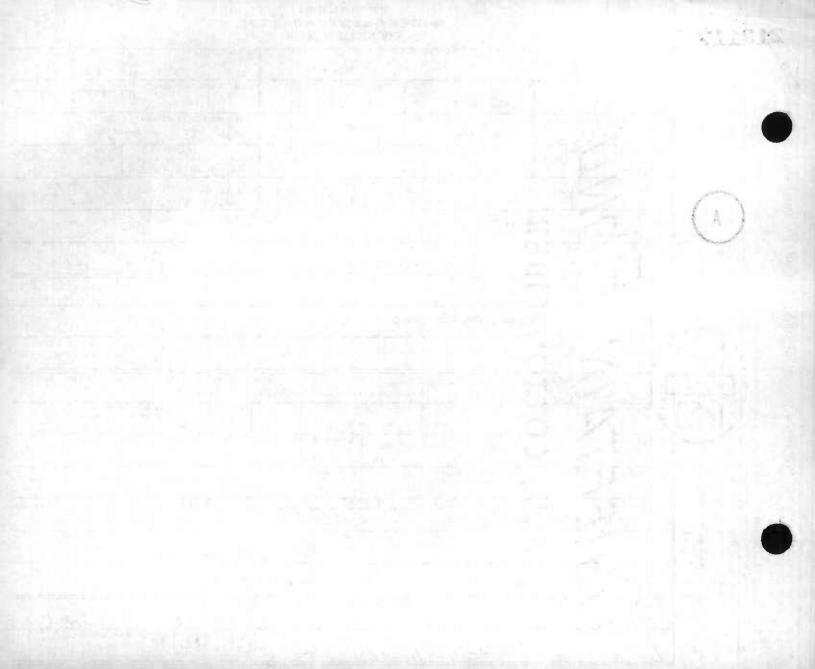
DIVISION OF VITAL RECORDS,

(VRA 15, 4)



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



2060

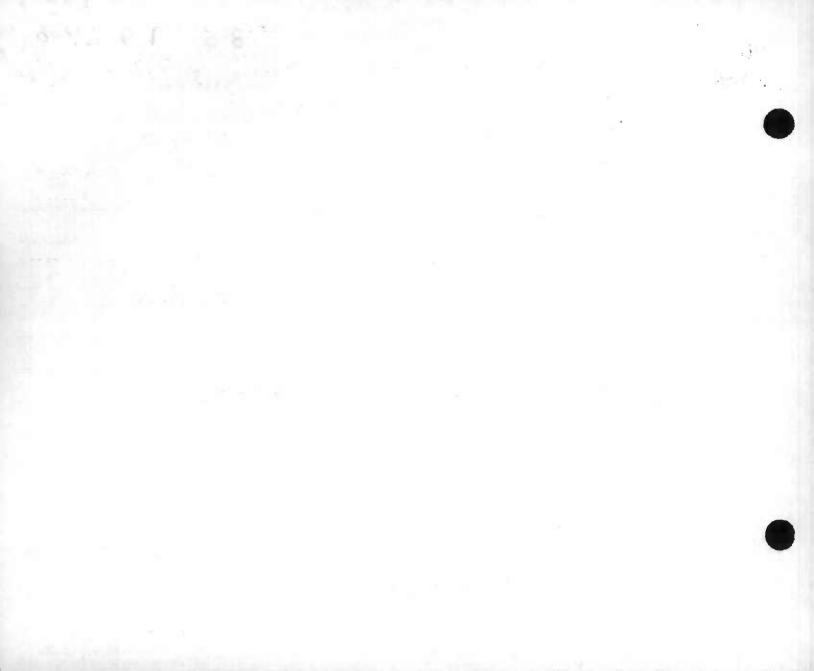
ର1	1-	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYC LICATE OF DEATH	GIENE 8 566.N	LINE S) 2	76		
C. ally		CEASED NAME FIRST		MIDDLE	FR	ANTZ	24 BATE OF DEATH	7/18	185	1225 pm		
	3. SE	emale	White		5. DATE O		82		NTHS DAYS	FUNDER 24 HRS HOURS MIN.		
35	1	Maryland	U.S.A. MARRIED NEVER MARRIED				9. BALTIMORE CITY OF Baltimor	e City		MD.		
nomfied 7	1	Baltimore	GOOD SUB	amaritat	H^HÖSp.	DR OTHER INSTITUTION ital	120. USUAL OCCUPATION 1149ESECTE CONTROL			RING LIFE) 126. KIND OF BUSINESS OR INDUSTRY U.S. GOV'T		
88	73a. 2	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		13 Ball Cime		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 5607 Fair		lve	21214		
300		George		Reimschla			Unknown MIDDLE		LAS	it		
medico/		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? WAR OR DATES)	216-44		Mr William	Niles 100			Rd 21014		
or other troumatic eve		Canditians, if any, which gove rise to immediate couse (0), stating the underlying cause last	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEO	UENCE OF	ce ruar	Lau	WLL-				
Ows any many,	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	HO	MA	OF	NOT RELATED TO THE TERM R N WAS PERFORMED	REAST 200 AUTOPSY? YES NO	20h. IF YES, V	WERE FINDIN			
Pem 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.	OF INJURY M. MONTH I	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	RY IN ITEM 18 PART	1 OR PART 2)			
morked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
If them 21 is		270. I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (who had 127b. SIGNATURE	view the bady	19		, 19	, to	FF \		-		
MPORTANT		TULLIO	-	TANVE	LE	??e ADDRESS						
N.		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/22/8			EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN		COUNTY	STATE		

DHMH - 16 50M 4/83

BP.

Leonard J Ruck INc Baltimore, Maryland (VRA 15, 4)

24 FUNERAL DIRECTOR



7/20/1985

Mitchell-Wiedefeld Home 6500 York Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

New Cathedral Cemetery

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Roofing

Ellis SI

COUNTY

Bartimore

25 TOTE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

STATE

Md STATE

IF UNDER I YEAR

BP DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

FOR

REGISTRAR ECEASED NAME

FIRST

- STATE

210004

7756 SEC. 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. = <u>1</u>a 11 Mail of the Table of the contents of the conte H MANUEL SO PRODUCTION Lipidi - Wind 12 Tell Color ed Color AR 261 A S 196

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o o o o o	STATE OF MARYLANG
0067 1- FOR STATE	DEPARTMENT OF HEALTH AND MEN
- STATE	CENTIFICATE OF DEA

	1 -	STATE REGISTRAR			DEFARI		ICATE OF DEATH	8	REG. NO	1 9	3	7 8	9
			FIRST	M	IDDLE	Į	AST	26. DATE OF		MONTH DAY	YEAR	26 HOUR	
3	(ITPE	OR PRINT)	Ro	y E.	Fredr	ick(Al	KA Frederick)	July	, 22,	1985			AM
	3. SE>	(4	RACE		5. DATE C	F BIRTH	6 AGE INY	EARS LAST BIRTI	HDAY) IF UNI	DERIVEAR	IF UNDER 2	
		Male	-	White		Sept	. 3, 1915	69		YRS.	DAYS	HOURS	MIN.
3		RTHPLACE (STATE OR FOR	EIGN 7		VHAT COUNTRY?	8 MARRIE	X NEVER MARRIED	9 BALTIMO	RE CITY OF	COUNTY OF	EATH		
2	Maryland			U.S.A. WIDOWED			D DIVORCED	Ba.	ltimor	e City			MD.
)		TY OR TOWN OF DEATH	1	(IF NOT IN SUCH	FACILITY, GIVE STREET	(ADDRESS)	OR OTHER INSTITUTION		OCCUPATION FOR MOST OF		DUSTRY	F BUSINES	
						Self-	emplo	yed !	Servi	.ce St	ati		
5	13a S		b COUNT		Baltimo	VN	13d INSIDE CITY LIMITS? YES X NO	13e.STREET /	ADDRESS / Weld	zip code on Avent	ıe	2121	L1
	14 FA	THER'S NAME		IDDIE	LAST		15 MOTHER'S MAIDEN NAM		WIDDLE		LAS		
0		George W				1.30	Anna Marg	aret F	Rupp				
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS												
	Y	es	WW	TT	213 03 0	088	Mildred J. F	redric	:K	Same			
	9	18 CAUSE OF DEATH I					WEST			-	BETWEEN	MATE INTERV	EATH
-		IM	MEDIATE	CAUSE (o)	CARDIA	1C 18	01051						
		C- 19		DUE TO, OR	AS A CONSEQU	ENGE OF	ALTONY DISE	SASE					
	18	Conditions, if any, w gove rise to immed	diote) (b)	Ca. 30, 0	-							_
	-17		the last.	DUE TO, OR	AS A CONSEQU	ience of							
	5	PART 2 OTHER SIGNIF	ICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONE	ITION GIVEN IN	PART 10	3	_
	ON	136											
2	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTO	OPSY?	20b. IF YES, WE	RE FINDIN	NGS USED	42
	RTIF	750						YES 🗌	NO 🗌	YES	CAUSES	NO [11
)		216. ACCIDENT WAS UNDERLO		HOUR A.A	NJURY MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTERNA	ATURE OF INJUR	Y IN ITEM 18 PART I C)R PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.A		19			-			100	
	MED	216 INJURY OCCURRED		21e. PLACE C	ET FACTORY OFFICE	FARM ETC)	21 LOCATION STREET		CITY OR TOW	vn c	OUNTY	517	ATE
		AT WORK AT WORK				10							
	-119	220.1 cettify that (I) (the sow the deceased		ol) oftended the	deceased from	85	nd that in (my) (our) apinion o	depth occurre	d on the da	te and hour and		that (I) (we	
		obove, (1) (we) (did:	(did not)	view the body o	itter deoth.		DEGREE				22c DATE		
		0	W	May	BUHOFF	ME	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI	F	7/	22/8	5
		22d. PHYSICIAN'S NAM	E (TYPE OR	2011.0	110		22e ADDRESS	3.21	12012	- 4 0-	~	1.2.	
1		DHN	MEN	SULMON-	IMO					ie and		2121	7
		URIAL, CREMATION, REA	MOVAL	7/25/8			EMETERY OR CREMATORY	23d LOCA		, Maryla	INTY	STA	ATE
		Durial		1/23/0.	W	OOGTAV	vn Cemetery	Dali	-more	, Mary La	DILE	dolle	

DHMH - 16 60M 7/84

(VRA 15, 4)

BP

IMPORTANT: If Item 21 is marked or Item 18 shows any

Burgee-Henss Funeral Home 3631 Falls Rd. 21211

Baltimore, Maryland 25 DATE 20 BESSTRAP 24 DECHAMAS SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/B3

24 FUNERAL DIRECTOR Duda-Ruck, Inc. (VRA 15, 4) 7922 Wise Avenue

Burial

FOR

- STATE

203318

Dundalk, Maryland

7/12/1985

Baltimore

Parkwood Cemetery

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Maryland

COUNTY

COUNTY

2b. HOUR

Mb. KIND OF BUSINESS OR

IF UNDER 24 HRS

21218

STATE

85

IF UNDER I YEAR

INDUSTRY

Goetzes

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Hartey

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICAT	E OF	DEATH		REGINO		9	2	8
1. DECEASED NAME	FIRST	WIDDLE	LAST			20 DATE OF	F DEATH A	AONTH E	DAY YEAR	2b HC	UR
	LAURA	PEARL	FRIEND			July	8, 1	985		9:3	30P.
3 SEX		4 RACE	5. DATE OF BIRT	TH		6 AGE (INY	EARS LAST BIRTH	(DAY)	IF UNDER I YE	R FUND	ER 24 HRS
Female		White	Sept.	21	, 1889	XXX	95	YRS	MONTHS DAT	S HOURS	MIN,
G. BIRTHPLACE (STA		76 CITIZEN OF WHAT COUNTRY?	MARRIED [NEVER	MARRIED -		RE CITY OR				
Marylan	nd	U.S.A.	WIDOWED	D	NORCED	Balt	imore	e Cit	-y		M
CITY OR TOWN OF DEATH: 11. NAME OF HOSPITAL, NUE				HER INS	TITUTION	120 USUAL				OF BUSIN	VESS OF

NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 4727 Glenarm Ave. HUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

136. CITY OR TOWN

13d. INSIDE CITY LIMITS? Friendsvill YES X NO F

15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE Maple St.

21531

Maryland Garrett FATHER'S NAME Henry

(YES NO OR UNKNOWN)

No

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

Rumbaugh 166 SOCIAL SECURITY NO 217-07-5517

Cora 17 INFORMANT

Virginia

Homemaker

Geary 21206

Own Home

Virginia Wallace, 4727 Glenarm Ave.

Canditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse last.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and

IMMEDIATE CAUSE (0)

DUE TO, OR AS A CONSEQUENCE

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

PART I. DEATH WAS CAUSED BY

198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F

and hour and from the causes stated

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE 22a. I certify that (I) (this haspital) ally

HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ET

21b. TIME OF INJURY

21f LOCATION

COUNTY STATE

saw the deceases

DEGREE

ATTENDING

and that in (my) jour opinion death occurred on the de

PHYSICIAN XDIRECTOR PHYSICIAN

STATE

22c. DATE SIGNED

Roger Windsor, M.D.

22e ADDRESS

23¢. NAME OF CEMETERY OR CREMATORY

1012 Old North Point Rd.

230 BURIAL CREMATION, REMOVAL SPECIFY) Burial

23h DATE 7-11-1985

Addison Cemetery

Addison, Somerset, PA

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DONALD J. NEWMAN FUNERAL HOME & Lypn Box 267, Grantsville, Md. 21536 Furnau

DHMH - 16 60M 7/B4 (VRA 15, 4)

Continue Transland solar

STATE OF MARYLAND 203387 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MIDDLE 1. DECEASED NAME AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE AUCASIGN 9 BALTIMORE CITY OR COUNTY OF DEATH ₹a. BIRTHPLACE MARRIED NEVER MARRIED Maryland WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Selfemployed 13o. STATE 136_COUNTY Md. Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDLE Strickland Ella A. Sullivan Samue] ADDRESS ARMED FORCES 17 INFORMANT 160 WAS DECEASED EVER IN U.S. (IF YES, GIVE WAR OR DATES) Richard Ott 4208 Elsa Terrace 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: 2 hrs. IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, QR AS A CONSEQUENCE OF hermiation 85 7-13-55 transtentuna Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) NOT WHILE AT WORK 220 | certify that (I)(this haspital) attended the deceased from 2011 x saw the deceased alive an 2014 and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) did nat) view the bady after death DEGREE 22s. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b shou 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE Burial 7-16-85 Woodlawn Cemetery Woodlawn Balto 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 whia Davidson-Mandall FUNERAL HOME 3220 Batto, MD (VRA 15, 4)

6 14 9 PERSONAL PROPERTY OF THE PROPERTY AND TH Contact and the contact of the contact and contact of the contact CALL COLD The property of the second Legalor State of Anna State of STANDARD ACCORDANCE OF THE RESPONDED BY AND THE PROPERTY OF TH But the County of the State of the County of FOR

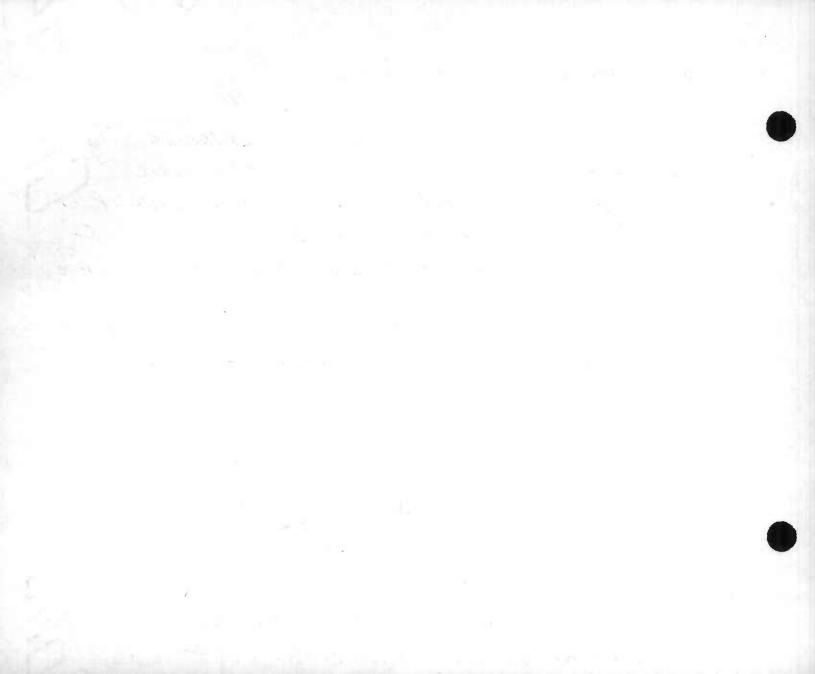
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

)EP	ARTMENT	OF HEA	LTH	AND	MENTAL	HYGIENE	
	CE	RTIFIC.	ATE	OF	DEATH		

06104	' '	REGISTRAR	CERTIFICATE OF DEATH	8 SEG. NO. 9 2 8	2
e at w	I. DE	CHARLES 1		20. DATE OF DEATH MONTH DAY YEAR 26 HOU	R
d you	1. SE	RUMONASC	ARACE PINOSER LA MILL	6. AGE _ (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER	A 24 HRS
ge 4		Female	Black 8-16-1894	90 YRS.	MIN.
rh. Po	10.00	Supriny & Chil	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	4
1 34 4	10. C	TY OR TOWN OF DEATH	WIDOWED DIVORCED	126 USUAL OCCUPATION 126 KIND OF BUSINE	MD.
led the Co	B	Altimore	(IF NO INSUCH FACILITY, ONE STREET ADDRESS), AUC.	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
Illed in old be must be	USU	AL RESIDENCE AIF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY	130 STREET ADDRESS ZIP CODE 1/A102	1214
orthing feely fi	14. F	THER SNAME	IIS. MOTHER'S MAIDEN N	IAME MODIFY	
p de Soc		Thomas	Tinder Amelia	Splirilock	
n and co	16a \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 216-10-1735 Mrs. Hilda	Johnson 3920 Duvall Aire	16
ficate b physicio papers navol. ent, the		PART I. DEATH WAS CAUSED		APPROXIMATE INTER BETWEEN ONSET AND	DEATH
ding parten		IMMEDIATI		LALS!	
death aftend ave ca fran, a		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	the lung & 6 mon	oth
by the asserement, crema		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF		
gned an plea buria	_		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 110	
requestry injury	Į.		Vone	TO AUTODSV2 JOE IF VES WEDE FINISHING USE	
ion. has bee it permit. iene pria	CERTIFICATION	N/A	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO C	H?
AN: T ohysici ficote fronsi il Hygi il Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIQUID A AA AAQNITH DAY VEAD	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)	
YSICI ling p s cert verial Menta	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		V/7	
G PHY attendii er this s the bu and M	MEDIC.	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR) OFFICE, FARM, ETC.)	NA CITY OR TOWN COUNTY S	STATE
NDIN No of area	P	220.1 certify that (I) (this hospit	al) ottended the deceased from Fe MY (May 19 19 19 19 19 19 19 19 19 19 19 19 19	5 , to 10 (1) (v	
ATTE ospite ECTO d for f. af I m 21		saw the deceased alive an obave, (1) (we) (did) (did not) view the body ofter deoth.	on death occurred on the date and hour and from the causes sta	oted
Che h		22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF	X
AL Date Date Date Date Date Date Date Date		Thurs on	1 VVV PHYSICIAN	DIRECTOR PHYSICIAN (22
RAL RAL		22d PHYSICIAN'S NAME (TYPE OF	PRINT) ADDRESS		32
SPITAL I by th VERAL be dett be dett FANT:	23a. (226 PHYSICIAN'S NAME (1YPE OF DWICK B. C. GURIAL, CREMATION, REMOVAL	PRINT) ADDRESS	an Park Drue Baltimore ;	32

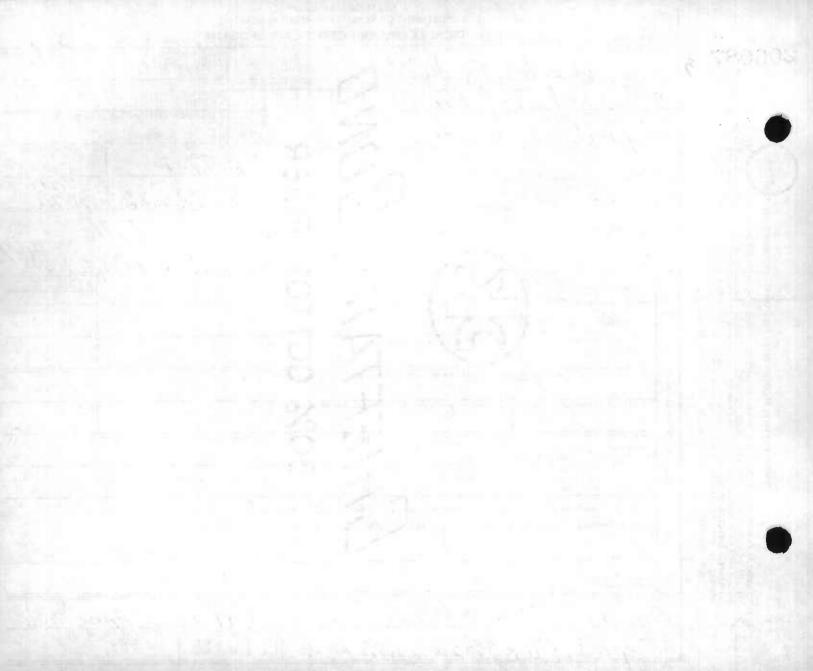
DHMH - 16 50M 4/B3 (VRA 15, 4)

NOSFAH L. RUXY





	1		STATE OF MARYLAND	
	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	284
COCOOM		CEASED NAME - FIRST	MIDDLE LAST 20 DATE KNOWN X MONT	TH DAY YEAR 25 HOUR
cooper	3	PE CRIPHICE STATE	Las Frederick, GALE DEATH MATED 7	12 1985
A D H S H	0.56	X II BACE	DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONT	
医	1	20/2/	TH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	6.50
62668	11	THE COL	7-8-1914 70 YRS. DEAD 7	12 1985 PM
SEA SEE	2/174	DREIGH COUNTRY	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COU	INTY OF DEATH
京業50000	27	mulan/		LV MI
NHW BY	10.7	THY OR OWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WOR	
SEAS T	8 .	n1timore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR AOST OF WORKING LIKE)	OR INDUSTRY
100 BST		AL RESIDENCE (IS IN NURSING HOME O	Maryland General Hospital ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	0 10 10
P. AND S. SHOULD S. RECORD		STATE / 13b. COUNT		4 2/2/1
의 조종씨는 없		Ary/Am	12A/1more YES NO 1 301 Dulphine	T. APT 711
	14. F	ATHER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME MIDDLE	11 1457
ESTH EST.	0	SAM	GATE GARVIE /11	//
TIMOR TER DE F PAGE F PAGE F PORM ON OF		WAS DECEASED EVER IN U.S. ARA		21216
., BALTIMORE. URS AFTER DEA B. GIVE PAGES WITH FORM T. PAGES TAN DIVISION OF		YES, NO. OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) DILL-M-CKUP MYE Sarah //1/2010	alabi etal
BAL JRS AF B. GIV WITH T. PAG DIVISIO		/40	#17 010101 (111) 1317111 11 11301 VI	neninsi
F. DOUR 18.		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST V 24 HOU N ITEM 13 ALONG IT PERMI YGIENE,			E CAUSE (o) Lung cancer	
STO NO STO		Filed States and States	DUE TO, OR AS A CONSEQUENCE OF	
W. PRESTON ST WITHIN 24 HOI ENCIL IN ITEM II MINER ALONG TRANSIT PERMI NIAL HYGIENE, OR REMOVAL.		Canditians, if any, which gave rise to immediate	(b)	
* YAKKES		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
S, 201 W. PRE ECUTED WITHI S. I PENCIL II. I. EXAMINER IND MENTAL II.		lying cause lost.		
		PART 2 OTHER CIGNICICANT CONDITIONS	(c)	
DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD."PENDING." IN PROED TO THE CHIEF MEDICAL EXA RES SHOULD BE USED AS A BURIAL- E DEPRETMENT OF HEALTH AND ME OI PRIOR TO BURIAL, CREMATION,	Z	TAKE 2 OTHER SIGNIFICANT CONDITIONS	ONTAINDENED TO CEASE RULE NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TIGE	
D BE PENDING MED AS A SELECT	CERTIFICATION	14 0 175 05 0050 1710 1		
F VITAL RE WORD "PE SHOULD WORD "PE CHIEF A BE USED INT OF HE/	73	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
VITAL SHOUL VORD " VORD " VORD " NT OF H BURIAL	4番			YES NOX
OF VI	- 8	218 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	R PART 2)
RTIFICATI NG THE V TO THI SHOULD PARTME RIOR TO	0 3	UNDERLYING OR CONTRIBUTING CAUSE OF D		
CERTIFING DED TO DEPAIL	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 211 LOCATION	
DIVI NVRITILIS CE NRDEG GE 3 201 P	×	WHILE NOT WHILE THE AT WORK	STREET CITY OR TOWN	COUNTY STATE
PAGE STATE		AT WORK - AT WORK -		
	-	22a. I certify that I took charge	e af the remains described obave, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔲, and in my	apinian
EXAMINER: CERTIFICAT UID BE FOR UID BE FOR UITH THE MARYLAND		death resulted from: Nature	al causes X, Accident , Suicide . Homicide . Undetermined manner .	
ARA REST			TITLE (SPECIFY)	
A COUNTY		ACTUAL SIGNATURE	Accident DAI	TE 7-13-85
₹ ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	7	SIGNATURE 1	M.D. TISSES CALLE MEDICAL EXAMINER SIG	NED 7-13-03
A P S S S S S S S S S S S S S S S S S S	4-	EXAMINER'S NAME Anr	n M. Dixon, M.D. 111 Penn St., Balto., M	D 21201
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PACE A SHOULD BE FOR TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAI	-		ADDRESS	
-mr-40	230.	BURIAL, CREMATION, REMOVAL 2	7 A. C. L. T.	DUNTY CHAIL!
07/84 BP	1	JUNIA!	1-20-80 MIZION Cen. Trincess H.	nne Indi
DHMH - 17	24	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR Mb. REGISTRAR	S SIGNATURE A
(VR A1S ME (S))		05-eph 1,1/1	USS 2222 WINOUTH HUE, JUL 18 1800	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME IN DATE KNOWN (TYPE OR PRINT) ESTI DEATH MATED GEORGE JR. JACOB STREET 4. RACE DATE OF BIRTH IF UNDER 24 HRS. AGE IN ITAIS DATE DIRECT OUR FI TEAR. DAY EAST BRITHDAYS PRONOUNCED HCH3ES DEAD 10 * BALTIMORE CITY OR 76. CITIZEN OF WHAT COUNTRY? DO BIRTHPLACE (STATE OR MARRIED XIEVER MARRIED FOREIGN OUNTRY) USA BALTIMORE CNTY WIDOWED ... DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE
CLERK OR INDUSTRY BALTO CNTY JUSEPH HOSPITAL JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21216 3a STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS MD BAKTIMORFESX NO L AR GROVE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE GEORGE ANNIE FARROW GALLOP SR. 166 SOCIAL SECURITY NO 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (NETHO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) GALLOP 980 N. HILL RD. 220-36-7087 ALICE L. CAUSE OF DEATH (Enter only one couse per line for (old b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR **CONSEQUENCE OF** Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 71a EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 21E LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection C 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural couse Suicide Homicide Undetermined monner TO MEDICAL EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIE AFTER DEATH WE SHOULD EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 8/1/85 Powells Point North Carolina BP Church Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** WM. C. MARCH F/H 1101° Es. NORTH AVE. (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I DECEASED NAME 20 DATE OF DEATH ALONITH. 2h HOUR TYPE OR PRINTE NIVA 4 RACE SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH L BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND Baltimore City WIDOWED DIVORCED IX IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE CITY Supervisor Retail USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Marvland Baltimore YES X NOT 3501 St. Paul St. 21218 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Sterett Worthington Polk Anna Naughton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 215-07-2518 Mr. T.T. Polk 9719 Harford Road 21234 18 CAUSE OF DEATH (Enter only one couse per limiter at the ond ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES NO [71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from ______ 19.01 sow the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING EDICAL STAFF **PHYSICIAN** DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Buria1 7-8-85 Baltimore Md. New Cathedral

DHMH - 16 60M 7/84 (VRA 15, 4)

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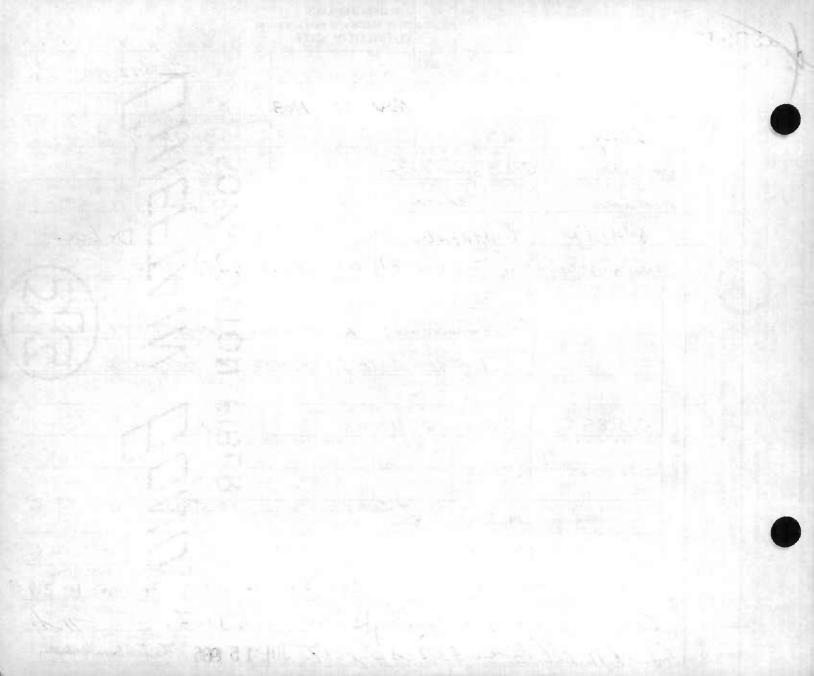
F H

MPORTANT

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



FOR

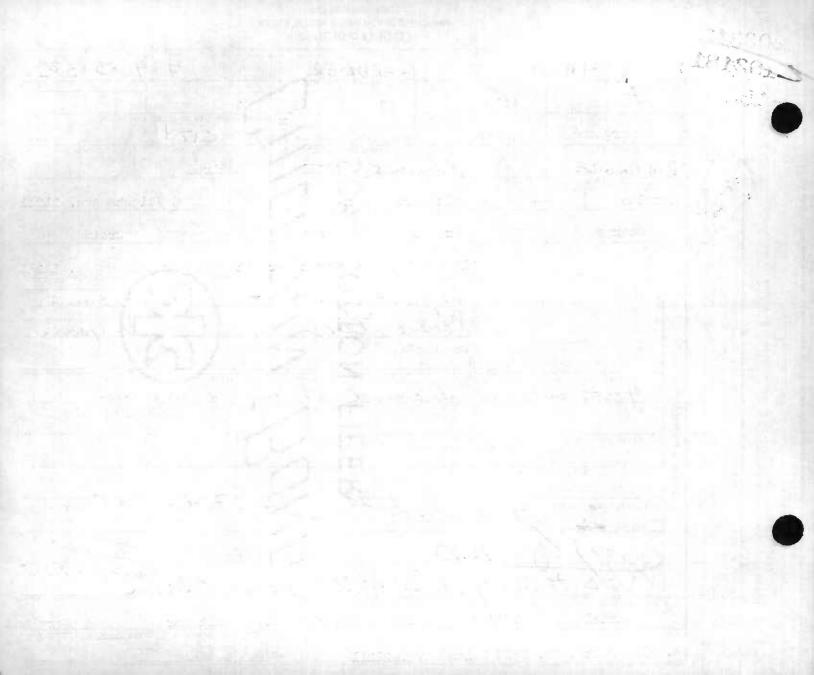
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	REGISTRAR				CERTIF	ICATE OF DEAT	H	8 856.	NO.	9 2	ව වි	
E		CEASED NAME	FIRST		MIDDLE	0	AST CD		20 DATE OF DEATH	MONTH	4 85	26 HOUR -	-
	1 (5)		A26		1.		2DNER	3.0	1 ACE INVESTIGATION	1	1	0 41	М
	3 SEX	子		4 RACE	,	5. DATE O	H DAY Y	EAR D2	6. AGE (IN YEARS LAST I	YRS.	MONTHS DAYS	HOURS MIN.	_
5		RTHPLACE ISTATE OR F		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRI		9 BALTIMORE CITY	OR COUNT	Y OF DEATH	M	D
	10 CI	ITY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTE	ON	120 USUAL OCCUPA			F BUSINESS OF	
0		ALTIMO REL	S ING HOME OR		KESI	DICI	21211		Retired	_	INDOSTRI		_
9	130 S Ma	aryland	13b COUN	ITY	13c CITY OR TOW Baltimo	N	13d INSIDE CITY LIV YES 🗶 NO			and He	eights A	ve. 212	11
0	14 FA	George		MIDDLE	Gardne	2	15. MOTHER'S MAIL		AE MIDDLE		Craic	g	
	[Y	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT			RESS			
		No	-	•	212-60-9	9167	Margaret	Mer	edith 4414	1 Gran			
9		18 CAUSE OF DEATH PART I, DEATH W		ly ane cause per D BY: E C AUSE (a)	line for Reary	ivat	Lora An	res	5+		BETWEEN O	BETWEEN ONSET AND DEATH	
					RAS ACONSEQUE		CAPI)					
		Conditions, if any, gave rise to imm cause (a), statin	nediate g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	cory				4	ours.	
		underlying cause		(c)						11 2			
	NO	PART 2 OTHER SIGN	VIFICANT O	tenitions co	ontributing to the	EATH BUT	NOT RELATED TO THE	HE TERMI	NAL DISEASE OR CO	NDITION G	IVEN IN PART 11	3	
1	CERTIFICATION	19a DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NOT	IN CERT	ES, WERE FINDIN	OF DEATH?	
	CERT	210. ACCIDENT WAS UND		216. TIME O			21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF IN			140 []	_
1		OR CONTRIBUTING C		1114	M. MONTH DA M.	Y YEAR							
	MEDICAL	21d INJURY OCCURR	ILE 🗀	21e. PLACE	OF INJURY SEET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	4.)	CITY OR	IOWN	COUNTY	STATE	_
ij		220 I certify that	(this hospi		e deceased fram	3.	25 19.	82	4. to 7. Z	/ .		that 🌾 (we) las	5t
3		sow the decease above, (I) (1977)	a laid on) yes the body	after death.		DEGREE	apinian a	leath occurred on the	date and ha			_
		1/60	Se	1	nus	15	ATTEN PHYSI		MEDICAL ST DIRECTOR PHYS		VIL . Y	1.85	
		1/05	25	BLE	5 M.	0.	3809	200	nmunt	Even	salton	d 21212	8
	23e. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	7077	COUNTY	STATE	=
		Burial		7/6/	85 Gov	ans I	rebyteria		. Balti			Maryl	an
		NERAL DIRECTOR		0.00	ADDRESS			25a DATE	REC D. BY REGISTRA	R 25b. REG IS	STRAR'S SIGNAT	URE CONTRACTOR	
	A.	Alan Seit	z, Jr	. 3818	Roland Av	e. 21	211	VI	JL U 8 198		4 d 30/~	the handle over the	

DHMH - 16 60M 7/84 (VRA 15, 4)

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92143	L	FOR STATE REGISTRAR CEASED NAME FIRST	DEPAI	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	RES. NO.	9 2 8 9
A decomposition		OR PRINT!	MIDDLE	Gar	- land	7	1 85 1:52 PM
director, po	3. SE	r Female	White	S. DATE O	DF BIRTH 27 1 9 20	6 AGE (IN YEARS LAST BIRTHDAY) 64 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
her death. within 72 if	10 C	RTHPLACE (STATE OR FOREIGN COUNTRY) Orth Carolin; ITY OR TOWN OF DEATH altimore	76. CITIZEN OF WHAT COUNTE USA 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GME STA Francis Scot	MARRIE WIDOW	OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT BALTIMORE C 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSeWife	City MD.
within 24 hour	130. S M	ATHER'S NAME	other institution give residence be stry large l	alk	13d Inside CITY LIMITS? YES NOTHER'S MADEN NAMED NAMED THE STATE OF TH	7643 Old Bat	21222 ttle Grove Rd.
icate be executed visition and cample oppers. Pages 1 and oval.	16a. V	James VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GN DO 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	MED FORCES? 166. SOCIAL SE 245-1 (ly one couse per line for (o), (b), D BY:	8-6495	17 INFORMANT	and 7643 Old	21222 Battle Grove
ires that the death certi- gred by the attending is in please remove corbon burial, cremation, or rem iry, or ather fraumatic ev		Conditions, if ony, which gove rise to immediate cause (01, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS ACONSECT DUE TO, OR AS A CONSECT (c) Und 4	te / Duence of erly iu	g Coronary	I Infarction Artery Disease	IVEN IN PART I to
hos been si permit. The sine prior to was any inju	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIC		YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
G PHYSICIAN. The ottending physicic er this certificate is the buriol-transit ond Mental Hygis and Mental Hygis ked or Item 18 sho	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED ON THE ALUSE ALUSE ALUSER ALUSER ALUSER		19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	PART FOR PART 2) COUNTY STATE
TO HOSPITAL OR ATTEKDING retained by the hospital or of TO FUNERAL DIRECTORS should be detached for use of with the State Dept. of Health IMPORTANT. If them 21 is morth		22a. I certify that 11 this hospi	V Petersa	85	DEGREE ATTENDING	death occurred on the date and he	pur and from the couses stated 22c DATE SGNTO
BP————————————————————————————————————		l Burial, cremation, removal Specify) Əmoval—Burial	1 - 1	Stree	L CEMETERY OR CREMATORY t Family Cel	m Mitchell	Co., N. Carolin

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR Connelly Funeral Home of Dundalk

23d LOCATION
CITY OR TOWN
Mitchel Co., N. Carolina Street Family Cem 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Later Lines SELECT SECURITION will be a second or and the second of the se and the second second to the second second to the second second to the second s

190073

- STATE

3. SEX

REGISTRAR DECEASED NAME

BALTIMORE

CHARLES

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

	STA	TE	OF	M	ARYL	AND
DEPARTMENT	OF	HE	AL'	TH	AND	MEN
				-		

5 DATE OF BIRTH

TAL HYGIENE CERTIFICATE OF DEATH

GARNER

8 5	NO.	1 9	9 2	9	1
DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	7	01	85	900	6
AGE (IN YEARS LAST E	IRTHDAY)	IF UN	DER TYEAR	IF UNDER 2	4 HI
		MONTE	IS DAYS	MCVIDS	88.

Male	Black	MONTH O.3	DAY 11	YEAR OO	85	YRS.	MONTHS	DAT
RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED 2	NEVER A	AARRIED 🗍	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH

Carolina USA WIDOWED DIVORCED CITY OR TOWN OF DEATH

MIDDLE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

HOSPITAL

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

MIDDLE

13e STREET ADDRESS / ZIP CODE PEMBROKE Stot

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE

4 RACE

LONNIE

GARNER 16h. SOCIAL SECURITY NO

MARY 17. INFORMANT

NOX

McNeil MCNEAL ADDRESS

	NO	1239-01-1662	Brenda MAlo	ne 5707 l	Pembrok	e Avenue
7	DART DEATH WAS CAUSED !	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	malignancy NOT RELATED TO THE TERMIN	NAL DISEASE OR CON		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OF	PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cc	STATE YPAUC

05/09 07/01 saw the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did) DEGREE 22c DATE SIGNED

22b. SIGNATURE

MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRINT SALMAN 77e ADDRESS SINAI

HOSPITAL-BALTIMO RE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

23c NAME OF CEMETERY OR CREMATORY 7/5/85 Eastview Memorial

23d. LOCATION Pk. Baltimore,

Md.

74 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

and Mental Hygiene prior 80

MPORTANT: If hem 21



	1-	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 RE NO.	19	291
3		CEASED NAME FIRST OR PRINT)	SON L		ARRETT	20 DATE OF DEATH	7/22/85	26 HOUR 30 PM
	3 SEX	MALE	4. RACE BLACK	S DATE MONI	OF BIRTH TH ZO / YEAR	6. AGE (IN YEARS LAST BIRTHO	MONTHS DATS	
7	Så	OUNTRY) CAROLINA	76 CITIZEN OF WHAT	MARRI	ED DIVORCED	9 BALTIMORE CITY OR	ORE CITY	MD.
2)	BALTO, CITY	VNIVERS	ITY OF MA	HOSPITAL	12a USUAL OCCUPATION (TYRE OF WORK FOR MOST OF V LOUGSHOPE	WORKING LIEEL INIDITISTES	OF BUSINESS OR
	USUA 13a. S			ESIDENCE BENOVE ADMISSION	13d. INSIDE CITY LIMITS? YES M NO [130 STREET ADDRESS / Z 3220 G/WWF	ZIP CODE S FALLS PKW	y /21216
)	14 FA	THER'S NAME FIRST LUTHER	MIDDLE	GARRETT	15. MOTHER'S MAIDEN NA. FIRST	WE	JOH	AST SON
			MED FORCES? 16b S EWAR OR DATES)	47 -22 -9286	PANSY GAR	ADDRESS LETT 3220 (s Gywnne fa lls	PRWY/ZIZI
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE IMMEDIAT	APPRO BETWEEN	NIMATE INTERVAL NONSET AND DEATH				
		Conditions, if any, which	40	iomos				
		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	A CONSEQUENCE OF		•		
	NOIL	1 1000	PSIS Zo	to colonic	C PERFORATION		TION GIVEN IN PART 1	(0
	CERTIFICATION	190 DATE OF OPERATION		na Peration		YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
		2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	in .	URY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM 18 RART 1 OR RART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF IN (AT HOME STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	N COUNTY	STATE
		270.1 certify that (1) (this hospi saw the deceased alive on abave, (1) (we) (did) (did na	7/22/	19 85	and that in (my) (aur) apinion	death accurred on the date	e and have and from th	, that (1) (we) last e causes stated
	A)	226. SIGNATURE	ele 10		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1 7/2	E SIGNED

DHMH - 16 60M 7/84

BP.

MPORTANT: If he

(VRA 15, 4)

EVIN J. O'KEFE ND 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 7/29/1985

23c NAME OF CEMETERY OR CREMATORY

22 S. Green Street, Batto Md 212

Garrison Forest Veterah

22e ADDRESS

Owings Mill,

Md.

24 Nutter & Sons Funeral Home, Inc. 250] Gwynns Falls Pkwy. Baltimore, Md. 21216

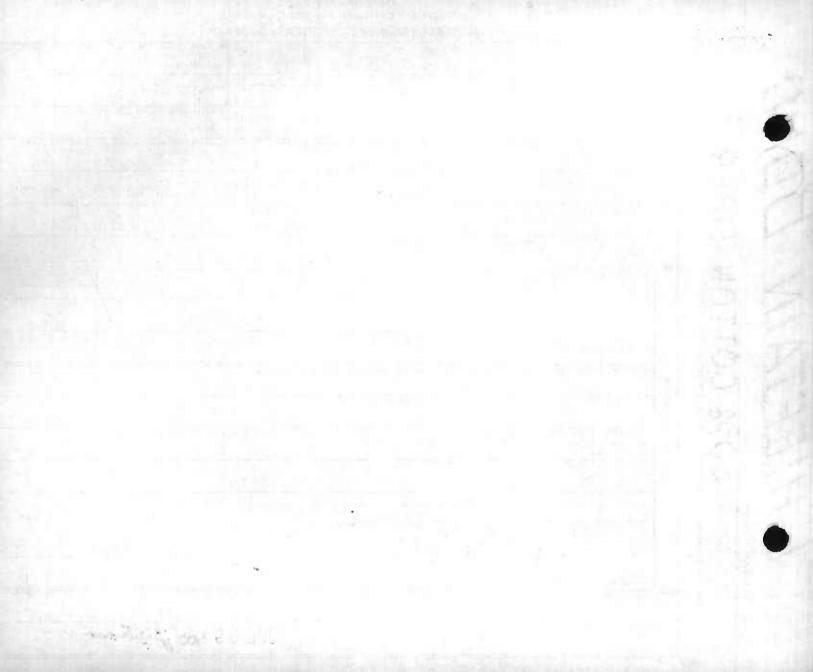
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Y, PLEA	2 HOU	3 SEX	male	4 RACE Black	5. DATE OF BIRTH	YEAR 52	6. AGE (IN YE	ARS IF UN	DER TYR.	F UNDER 2		DATE ONOUNCED DEAD		7-4	DAY YEAR	7 2d HOUI
CESSAR VERAL D	PRESTO A	70 BI	RTHPLACE (ST		75. CITIZEN OF WH				ED XNEVE		DLJ	BALTIMORI	_	COUNTY		1P• N
ATH. IF ANY DELAY IS NECESSARY, PLEASE SI, 2, AND 3TO THE FUNREAD DIRECTOR. DM. 3 DETAIN DAGE 4, EOR YOLID FIFE	LILED, W.	10. CI	TY OR TOWN	OF DEATH	II. NAME OF HOSE	ILITY, GIVE S	TREET ADDRESS)		ER INSTITUTION	DIVORCE	12e USUAL	Baltin OCCUPATI T OF WORKING	ON (TYPE OF		KIND OF E	
3 TO S	RDS.	USUA	Baltim		Johns OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISS		1							
AND	SHOULD SH		Md.	13b. COU	VTY	13c. CITY Ba	Ito.		13d INSIDE CITY			Edme	ondsc	on A	ve. 2	1223
10.00	SES 1 AND 2		John		MIDDLE	ges	LAST			gini		MIDDLE	F	Redm	ond	
C. BALTIMO	586	16a. V	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOC	CIAL SECURIT	Y NO.	Gilo		ooker		DDRESS 15 St	. A	mbros	se Av
DIVISION OF VITAL RECORDS, 201 W. PRESTON \$T., BALTIMON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RITING THE WORD "PROBING" IN PERON 18. GIVE PAGI PART TO THE CHIEF ARENICAL EXAMINER ALONG WITH FORM	LAZONINER ALONO THE TRANSIT PERMIT TO MENTAL HYGIENE, ION, OR REMOVAL.	NO	Conditiar gave ris cause (a) lying cau	ATH WAS CAUSE IMMEDIA as, if any, which be to immediate stating the <u>under</u> se last.	DUE TO, OR	Narco As a con As a con	Otism NSEQUENCE	OF	OR CONDITION (GIVEN IN PART	T I a				APPROXIMA BETWEEN ONS	ate interval
F VITAL REC	OF HEAL	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFORM	AED?					20 AUTOPS	
DIVISION OF V	RTMEN PR TO B	MEDICAL CER	UNDERLYING CONTRIBUTION	NOT WHILE	21b. TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO	MONTH	19 (AT HOME,	R 21f LOC	OW INJURY O	OCCURRED		URE OF INJURY !	N ITEM 18 PART	COUNT	9)	STATE
CAL EXAMINER: THI THE CERTIFICATE, W	TO FUNEARL DIRECTOR: PAGE 3 SHE AFTER DEATH, WITH THE STATE DEPA BALTIMORE, MARYLAND, 21201 PRICE		AT TOTAL	fy that I took char	ge of the remains desc ural causes	Accident		Autaps vicide	Hamicia TITLE (SPE D. ASSIS	ECIFY)	Undeterm	Inquiry Lined manne	r 🔲,	DATE	on 7-5-	-85
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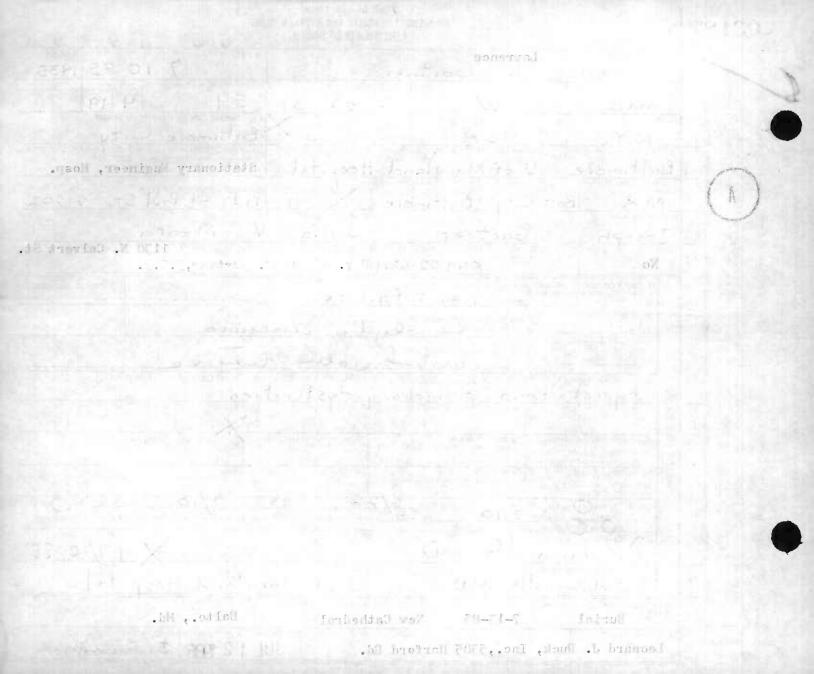


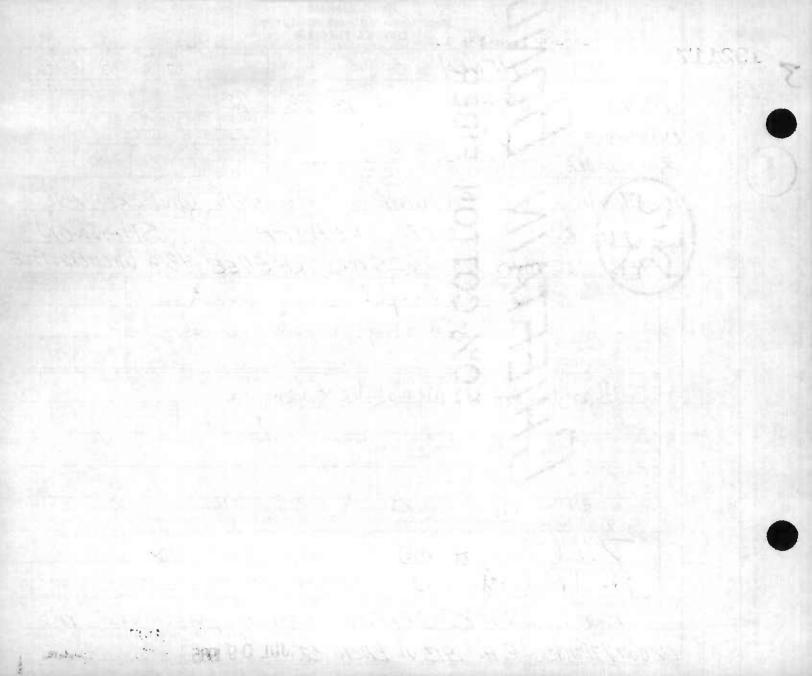
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		REGISTRAR		C	ERTIFICATE OF DEAT		8 REG NO.	9293			
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Her p	3. SEX		4. RACE	5. 1	DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR OF UNDER 24 HRS			
ge 4		male	W			31	54 YRS.	4 19			
Por Hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	ARRIED NEVER MARR	RIED	BALTIMORE CITY OR COUNTY	OF DEATH			
in 72	- 3	N.Y.	USA		DIVORG	/ 7	Baltimore C	ITY MD.			
er d	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR					
100	B	altimore	U. of Mar	1	П	al	Stationary Engineer, Hosp.				
(A)RA	USU/ 13a, S	AL RESIDENCE (IF NURSING HOME TATE 136 CO Bal		OR TOWN	134 NSIDE CITY L	LIMITS?	3. STREET ADDRESS / ZIP CODE	St. 21202			
~	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MA		E MIDDLE	LAST			
	7	oseph	Gartne	1	Julia	2	V. Meara				
d co	16a. V	VAS DECEASED EVER IN U.S.	CINE WAR ORDATES	TAL SECURITY	ALT THE PROPERTY OF			N. Calvert St.			
Pages . Pages		(IF YES,	099	-22-6	821 Rev. Edwa	ard J.	Gartner, S.S.J.				
sicio spers val.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for to	o), (b), ond (c)		H.F.		BETWEEN ONSET AND DEATH			
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ding arbi			DUE TO, OR AS A CO	ONSEQUENC	EOF /						
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4 4 0 0 0		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	DNSEDUENC	ERF			The Bally			
that id by lease ial, cr		underlying couse lost.	(c) <u>N</u>	wIn	I valu	e d	useono.				
ires gnec sn pla burn ry, o	_	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEA	TH BUT NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITION GIVE	N IN PART I (a)			
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s beer in price	CAI	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPE	RATION WAS PERFORME	ED		WERE FINDINGS USED ING CAUSES OF DEATH?			
ha h	CERTIFICATION						YES NO YES				
hysicote icote Hysicote Hysicote		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			YEAR 21c. HOW INJURY	RY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA	R1 I OR PART 2)			
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Spito CTO CTO I for of h		sow the deceased alive above (I)(we)(did)(did	on nat) view the bady after dea	19 8 5 th.	ond that in (my) (our	r) opinion de	eath occurred on the date and hour				
Ched ched ched them	3	27 SIGNATURE	00		DEGREE	MDING	MEDICAL STAFF	22c. DATE SIGNED			
AL (AL (AL)	10	1) Schim	ande, h	4)	PHYS	SICIAN [DIRECTOR PHYSICIAN	13/10/85			
FUNER PORTAN	13	22 PHYSICIAN'S NAME LIVE	11		22e. ADDRESS		1 1 1	.1'1			
etoined by 170 FUNERAL should be de with the Stat		J. Schiman	nolle, MD		U. 01	Mar	yland Hosp	, [a]			
5 5 5 5		BURIAL, CREMATION, REMOV			E OF CEMETERY OR CREA	MATORY	73d LOCATION	COUNTY STATE			
BP		Burial	7-13-85	New	Cathedral		Balto., Md.				
UAAU 14 50AA 4/83	24 FI	UNERAL DIRECTOR				250. DATE	REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE			

JUL 12 1985 This beindson Randelle

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc.,5305 Harford Rd.





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STATE OF MARYLAND

4046	1 -	STATE REGISTRAR		DEPA		CATE OF DEATH	SENE		20 20 20	No.
4010		CEASED NAME FIR		MIDDLE	LA	S1	26. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	3 -
# D D D	47.77	MA	RY	J. (BERA.	SIMOFF		7/14	1852:43	94
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351	la Bi	RTHPLACE (STATE OR FOREIG	7b.	CITIZEN OF WHAT COUNT	RY? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
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3/	F	altimore	F		tt Key	Med.Center	(TYPE OF WORK FOR MOST O HOUSewi:	F WORKING LIFE)	26. KIND OF BUSINESS NDUSTRY	OR
30	330. S			imore Dunda	OWN I	134. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS / 2110 Meri	ZIP CODE	lvd.21222	
MA	1	THER'S NAME Sichael	MID	Knezev	vich	15 MOTHER'S MAIDENNA Carolin	MIDDLE		LAST	
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1	r	10		217-2	20-9178	Philip Ge	rasimoff a	2110 M		
nc event.		PART I. DEATH WAS C	AUSED B	DUE TO, OR AS A CONSE	-diac	Arrest	- (1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH
al, cremation,		Conditions, if ony, whi gave rise to immedia couse (a), stating t underlying couse la	he "		2, X o	Circholis				
r ta buri injury, a	NO	PART 2. OTHER SIGNIFIC	ANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	N PART Ito	
aws any	CERTIFICATION	196 DATE OF OPERATION	9.33	196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO	
tem 18 sh		210. ACCIDENT WAS UNDERLYIS OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
orked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE	
of Healt		saw the deceased ale	ive on	ottended the deceased from	A	7 9 9 9 9 d that in (my) (our) apinion (19_ ite and hour one	that (I) (we) d from the couses stated	
be detached e State Dept TANT: If them		226. SIGNATURE	4	zydan f	in O		MEDICAL STAT	F IAN A	7/14/85	-
should be detained by the State		6 ary			mo	22e ADDRESS	men c	TR		
18 % KI	23a. B	urial, cremation, remi Burial	OVAL			metery or crematory nville Cem			DUNITY Pa. STATE	
50M 4/83	24 FL	INERAL DIRECTOR		ADDRE	44	25a. DAT	E REC'D, BY REGISTRAR	256 REGISTRAR	'S SIGNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

Connelly Funeral Home of Dundalk

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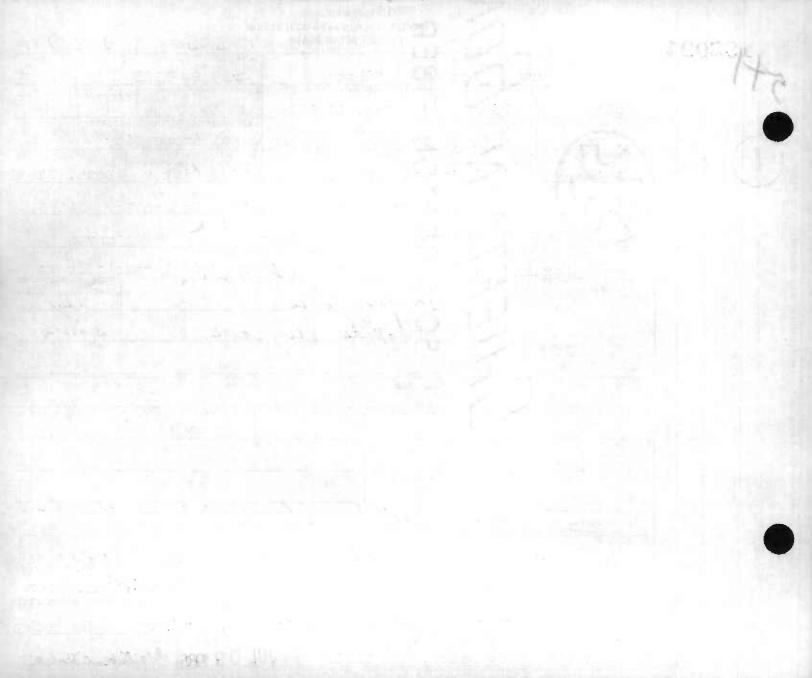
STATE OF MARYLAND

1.	STATE			DEPAK	IMENI UF H			IENE				- 4a V
4	REGISTRAR				CERTIF	CATE OF	DEATH	· Z	RECON		9	2 9 1
	CEASED NAME	FIRST	N	NIDDLE	U	AST .		20. DATE C		MONTH I	DAY YEAR	26 HOUR
{ TYPE	OR PRINT)	Jerr	y 1	Lee	Gi	bson		Jul	y 6,	1985		5:00Pm
3 SEX	X	4.	RACE	7	S. DATE O			6 AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	
	Male		White	2	Jan	. 11	1936	3 1 7	49	YRS	MONTHS DATS	HOURS MIN.
a Bi	RTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY	/2 8						OFDEATH	
(W. Va.		U.S.	Δ	WIDOWE		MARRIED		ltimo			MD.
10 CI	ITY OR TOWN OF DEA	ATH 11		OSPITAL, NURS					OCCUPATI			OF BUSINESS OR
		A.C.		FACILITY, GIVE STRE					RK FOR MOST O			
USUZ	Baltimo	SING HOME OR OT	104	L ROUME	an Way			Lath	e Fit	ter] Bet.	h. Stee
	TATE	136 COUNTY		13c CITY OR TO			CITY LIMITS?	13e.STREET	_	ZIP CODE		1074
	Md.	_		Baltir	nore	YES 🗶	NO 🗌	104	l Roc	man	Way	21205
14. F.A	ATHER'S NAME FIRST	MID	DLE	LAST		IS. MOTHER	'S MAIDEN NAA	ΜE	MIDDLE		14	AST
	John	Wesl		Gibson	ı		Esther				Runy	
	VAS DECEASED EVER			166 SOCIAL SEC	CURITY NO.	17 INFORM			ADDRE	SS		
	Ves.	Korea	-	219-32	2-9686	Pau!	la Gib	son	(wife) sa	me ad	dress
	18 CAUSE OF DEAT	H (Enter only)	one couse per	line for (a), (b), a	and icili	- /	- SSSS				AFFECT NECESTRA	KIMATE INTERVAL
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IF								YES	NOO		S \	NO I
8	210. ACCIDENT WAS UN	DERLYING [216. TIME OF			21c HOW I	NJURY OCCURR	ED (ENTERN		Y IN ITEM 18 P	PART I OR PART 2)	
	OR CONTRIBUTING			M. MONTH		3 -						
S	(IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR		P.A 21e PLACE C		19	211 LOCAT	ION					
MEDICAL				EET, FACTORY, OFFICE	E. FARM ETC)	STRE			CITY OR TO	NN	COUNTY	STATE
	AL WORK AL WO	RK				1000						
	220 L certify Ihol (I)				50/1	3		, to	7/7		19 8-3	, that (1) (we) lost
	sow the deceas above, (I) (we)	ed olive on		ofter death.	, on	d that in (my) (our) opinion d	deoth occurr	ed on the do	te and hou	r and from the	couses stated
	226. SIGNATURE)	,		[DEGREE	27.74		THE		22c DATE	ESIGNED
	90	untel			M	P	ATTENDING PHYSICIAN	MEDICAL	STAF	F	7/8	1/60
	22d. PHYSICIAN'S N.	AME (TYPE OR PE	RINT)			22e ADDRE		J DIRECTOR	7111310	1017	1/0/	0 1
	Dr.	P	urtel	l∉		F	cancis	Scot	t Key	Med	. Cen	. Room
	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF CE	METERY OR	CREMATORY	23d LOC				A-10
(Remova	1	7/10/	85	Ouincs	7 Met	hodist	Cem.	O11	incy	COUNTY	entucky
24 FL						THE L.					RAR'S SIGNA	
	Schimune	k Fun	eral	Home	Inc.	1111	11	11 00	1	.An.		
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



FOR

STATE OF MARYLAND

EP	ARTMENT	OF	HEALTI	H AND	MENTAL	HYGIEN
	CE	RTI	FICAT	E OF	DEATH	

REGISTRAR			CERTIFICATE	OF DEATH	O RECO	9	2 9	3	
1. DECEASED NAME	FIRST	MIDDLE	LAST		24 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUI	R
	LILLIAN	Μ.	GIES	E	THE VILLE	1005		7-00	100 1
3 SEX	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BE			IF ONDER	HRS
FEMAI	LE	WHITE	NOV. 13	1899 ^{EAR}	85	YRS	ONTHS DAYS	HOURS	MIN.
To BIRTHPLACE (STA	TE OR FOREIGN 76 CITIZE	N OF WHAT COUN	TRY? 8 MARRIED N	EVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
MD.	U	.S.A.	WIDOWED	DIVORCED [BALTI	MORE	CITY		ME
10 CITY OR TOWN O		AE OF HOSPITAL, NU	IRSING HOME OR OTHE	R INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				

BALTIMORE CHURCH HOSP. CORP. HOMEMAKER ISUAL RESIDENCE (IF NURSING 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 7833 SCHOLAR RD. 21222 MD. BALTIMORE BALTIMORE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME

MIDDLE LAST JOSEPH TETGERWALD MARY FUNKE ADDRESS 17 INFORMANT RAYMOND GIESE (SON) 7833 SCHOLAR RD.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) F PART I. DEATH WAS CAUSED BY R/O MYOCARDIAL INGARCTION DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause

198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M.

211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE

220.1 certify that (15this hospitat and that in (my) our opinion death occurred an the date and hour and from the causes stated abave. (I we) (did)

22b. SIGNATURE DEGREE 220 DATE SIGNED

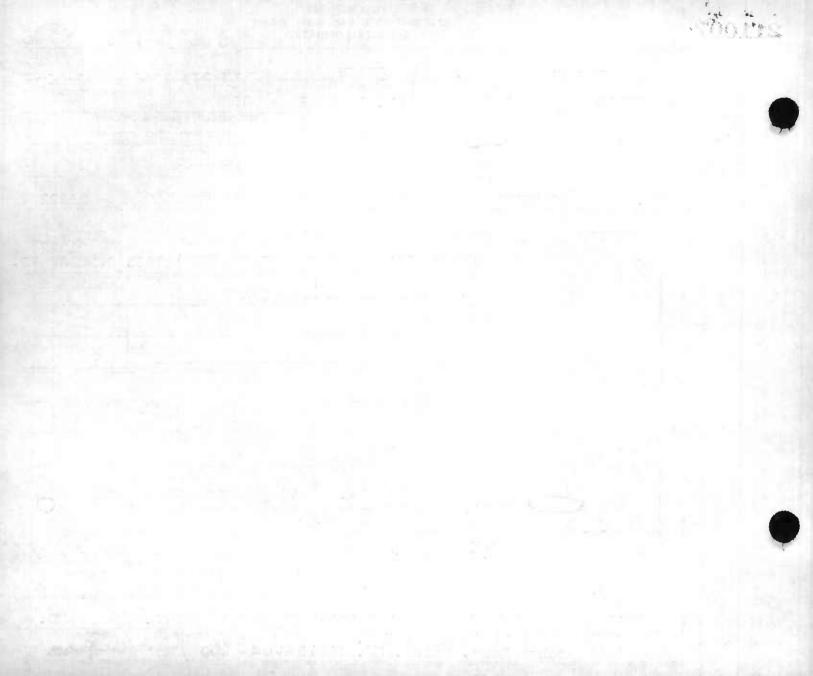
774 PHYSICIAN'S NAME (1991 DEPEND) 22e ADDRESS CHURCH HOSPITAL CORPORATION

100 NOR THOMAS MD 236 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

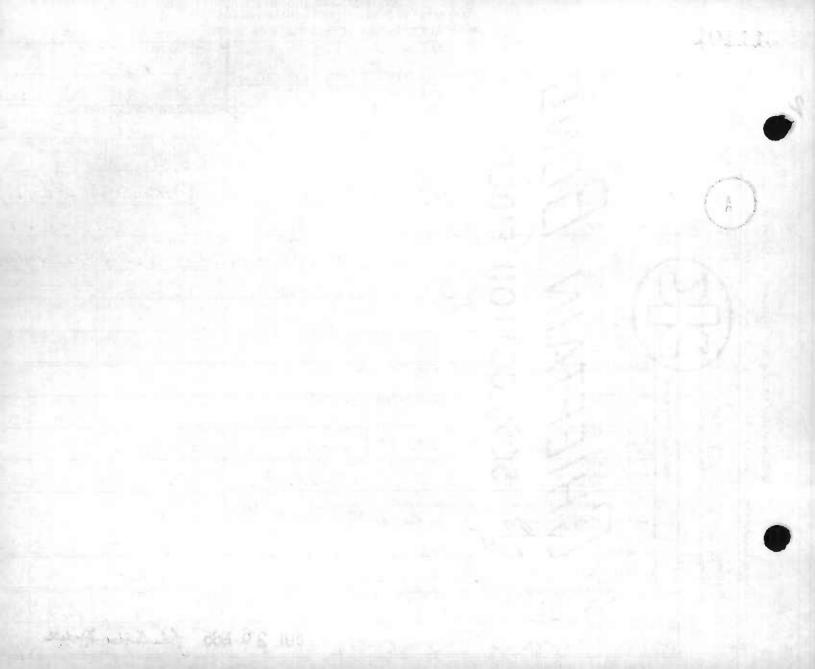
BURIAL JESUS 7/27/85 SACRED HEART OF MD. BALTO.

24 FUNERAL DISCHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 2121

DHMH - 16 60M 7/84 (VRA 15, 4)



							OF MAR						
		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
• >>	11101		REGISTRAR	WEL		AMINER	'S CER	TIFICATE	OF DEATH	REG.		3 ()	13
μ.	LLLUL		CEASED NAME FIRST		WIDDLE		LAST		Qa.	OF ESTI-	X MONNI DAN	YEAR	25. HOUR
	18 8 8 8 E	1111	RODNE	γ	G	ILBERT				OF ESTI-	□ 7-21-8	510	
	P.Y. PLEASE DIRECTOR. JUR FILES. 72 HOURS NO STREET,	3. SEX		S. DATE OF BIRTH	6	AGE (IN YEARS	IF UNDER		ER 24 HRS. 2c	DATE	MONTH DAY	Y YEAR	2d. HOUR
h	NZ SEE	M	PALF BIAMIC	MONTH DAY	YEAR .	AST BIRTHDAY)	MONTHS	DAYS HOURS	MIN. PRO	DEAD	7-21-8	5	10:53
V	ESSARY, ERAL DIR THIN 72 RESTON	70. BI	RTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY	/2 0			7.1	ALTIMORE CIT	Y OR COUNTY OF		4000
	IECESSARY, PUNERAL DIREC	2 PC	REIGN COUNTRY)	11.5	A			NEVER MAI	RRIED LY				
	IS NE E FUN E FUN I W.	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSE	OITAL MILIDS		DOWED	LIDIVO		Baltimor OCCUPATION		(IND OF BI	MD
			The second secon	(IF NOT IN SUCH FAC	CILITY, GIVE STREET	T ADDRESS)	CHIEKIN	3111011014		OF WORKING LIFE)	- C	OR INDUST	RY
	PA PARA	116114	Baltimore	Universi	ty Hosi	pital			15/1	DEN			
100	02305/	13e. S	TATE / 13b COUNT		13c. CITY OR	TOWN	13d	INSIDE CITY LIMITS?	13e STREET	ADDRESS	2	121	La
21201		m	ARYCAND ==		BALT	MORE	YE	S NO	1261	GAK	RISON	150	CVD
8	A A	14. F/	ATHER'S NAME	MIDDLE	1 CLASS		15. A	MOTHER'S MAI	DENNAME	MIDDLE		LAST	
		1-	PRIIN	11)A17	FES		1 111	A	6.	610	136	-PT
O.	848 Z		VAS DECEASED EVER IN U.S. ARM		16b. SOCIAL	SECURITY NO	D. 17. II	NFORMANT		ADDRE	SS		
BALTIMORE	产品大品等	(4	ES, NO, OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)			11	INDA	GII RI	PT.	7/1/CA	PPIS	SINAI
×	NO FAM		18 CAUSE OF DEATH (Enter only	and server and the	(- (-) ()	1(1)	10		OT CALL	101	2011 611	APPROXIMAT	E INTERVAL
ST.			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound to chest							BE	BETWEEN ONSET AND DEATH		
20	VAL VAL		IMMEDIATE		AS A CONSE		o che	est					
EST	THIN 2		Conditions, if ony, which	DUE TO, OR	AS A CONSE	QUENCE OF							
- A	WITHIN INCIL IN AINER A IRANSIT VIAL HY	-	gave rise to immediate	(b)		1.00							
201 W. PRESTON ST	TED WITHIN A PENCIL IN XAMINER A AL - TRANSIT MENTAL HY N, OR REMC		cause (a) stating the <u>under</u> - lying couse last.	DUE TO, OR	AS A CONSE	QUENCE OF							
20	NA MANA		3/11/2000	(c)									
RECORDS	ULD BE EXECUTED "PENDING" IN PR FE MEDICAL EXAM FE MEDICAL EXAM FE MEDICAL EXAM FE HEALTH AND ME AL, CREMATION, (C)		PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH 8	UT NOT RELATED	TO THE TERMINAL	OISEASE OR C	ONDITION GIVEN IN	PART 1 to				
9	ENDING MEDICA AS A BU CREMA	N N											
	SED A AL, C	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20	20 AUTOPSY?		
DIVISION OF VITAL	CERTIFICATE SHOULD STRING THE WORD, "PE DDED TO THE CHIEF A E 3 SHOULD BE USED, E E OFPARTMENT OF HE DIPRIOR TO BURRAL, O									- 1	YES W NO		
>	WO BE	H	210 EXTERNAL CAUSE WAS	216. TIME OF	INJURY	1	It HOW II	NJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM	18 PART 1 OR PART 2)	123 0	140
0	P THE STANFOLD THE		UNDERLYING A OR	THOUS AM	M97-21:	AY STEAR				g altero			
OS	SHO TO TO THE	MEDICAL	CONTRIBUTING CAUSE OF DI	Zie PLACE C			II. LOCATIO		c dui iii	g uncere			
2	IS CERTING RELITING R	ME		STREET, FACTO	ORY, FARM, ETC.)	ar come.			nonicon	PRIOWN D	altimore	Mare	STATE
	SEEDES		AT WORK AT WORK	Su	reet		2000	DIK. G	arrison	biva. b	altimore	, Mar	yrand
	NER: THI CATE, W FORWA OR: PAC THE STA AND, 213		22a. I certify that I took charge	of the remains desc	ribed obove,	held an	Autopsy [Inspect	non .	nquiry .	and in my opinion		
	MINE FERT		death resulted from: Natura	ledises	Accident]. Suicide		Homicide X		ned monner	7.		
-	ARY ARY		-	4	\	,	_	ITLE (SPECIFY)					
	S S S S S S S S S S S S S S S S S S S	13:	ACTUAL SIGNATURE	14	1				ant MEDICA		DATE 7	-22-8	5
	SHY SHA	1		1	-		M.D	H221211	THE MEDICA	LEXAMINER	SIGNED	-22-0	.5
	MEDI CUTE SE 4 FUNI		EXAMINER'S NAME GYE	gory R.K	auffmar	n, M.D.	ADDI	1:	ll Penn	Street			
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC ATER DEATH, WITH BALTIMORE, MARYL	730 B	URIAL, CREMATION, REMOVAL 23			AE OF CEMET		KESS	23d. LOCA				
		(3	PECIFY) RIPERION, REMOVAL 13	7-77-9	SINAN	17 D	1/211	PA ME	CITY OR TO	DWN MAC	DE COUNTY	1000	TATE 1
07/B4 25M	4 BP	24 E	JNERAL DIRECTOR	1610	1/1	11. 1-1	1001	1250 001	E DECID BY DE	CISTOAD THE DE	CC //	THE	MIVI
	DHMH - 17		NAME LET LUCA	ALCHADDRESS	1-12/1	1 20	1-51. 1	- III	2 6 198	5	Seviden I	andere	
	(VR AT5 ME (5))	13	12000 1110m/60	NF. H. 1	4101	1. 1X+1	10.	7.406	0 4 44	0	100		-



					OF MARYLAND				
192090	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH						-
	+DF0	REGISTRAR EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOL	JR/2
9 6 6 6		JOSEPHINE	- m	61	IES	IN DAIL OF BEATT	7 15	85 8	4
> 0 p	3. SE		ICE /	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT		DER I YEAR IF UNDER	
oge 4 urs offi		F	N	MONTH	13 24	6/	YRS		MIN.
nerol di n 72 ho	7a. BI	A L L LONGING	ITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	_	· ~ -	
p 5 6 0"	10 CI	North Caroling	NAME OF HOSPITAL, NI	UNDOWE		12a USUAL OCCUPATION	7 MORE	b. KIND OF BUSIN	MD.
s ofter is ofter filled with f	D.	ALTO.	SINAI	STREET ADDRESS)	PITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	
ND 212	130. 5	RESIDENCE (IF NURSING HOME OR OTHER TATE 136, COUNTY AND N/A	13c CITY OR		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /	zip code rovelai	nd Ave	5
rhin tely for shoot 2 shoot 1		THER'S NAME		,,,,,,	15 MOTHER'S MAIDEN N	AME		147	
MARYLAND ed within 24 pletely filler and 2 should		HEURY MIDDLE	MUKIN	INON	T) A	MIDDLE		RAU	
BALTIMORE,		(AS DECEASED EVER IN U.S. ARMED ES, NO OR UNKNOWN) (IF YES, GIYE WAR		SECURITY NO.	17. INFORMANT	ADDRE		مر مالم	1 1
F S S S S S S S S S S S S S S S S S S S		NO NA	331-	79-4//4	MRS. Ida V	Villiams 1	12020	rovelanc	
physical population of the sent, the		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY		o', and (c'.)	retorn	arrest		APPROXIMATE INTE BETWEEN ONSET AN	DEATH
N ST		IMMEDIATE CA	DUE TO, OR AS A CONS	EQUENCE ME					
he death common motion, or		Conditions, if any, which	(b)	EQUENCE OF	V				
the the		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EOUENCE OF				184	
201 W			(c)	. TO DE 1711 B. 17					
	NO	PART 2 OTHER SIGNIFICANT CONT	Bres.		Melica		IIION GIVEN IN	TPAKI IIO	
RECORDS, low requir los been sig	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W			200 AUTOPSY?	206. IF YES, WE	RE FINDINGS USE CAUSES OF DEA	D TH2
TALRI The lacton. The lacton. The lacton.	RTIFI					YES NO	YES 🗌	NO [
SICIAN: Of physic certificate anial-transfer ani-transfer anial-transfer anial-transfer anial-transfer anial-tr		210, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	DR PART 2)	
ON OF trysicial ding p ding p ding p ding p ding p	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	21f LOCATION			FILEY.	
DIVISION OF VITAL NG PHYSICIAN: The other this certificate has sthe buriol-tronsit pth and Mental Hygien th and Mental Hygien orked or Item 18 show	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OR TO	VN C	COUNTY	STATE
DINC or o Afte e os olth mork	Vi I	22a 1 certify that (I) (this hospital) of	attended the deceased f	rom Oc	chen 1950	4 in July	151 10	55, that (l) ((we) lost
TTEN ortot for us of He		sow the deceased alive on	July 151	and the same	An-1/	n death occurred on the do		, (11	
REC REC		obove. (I) (me) (did) (did not) vie 226. SIGNATURE	n the body affer death.	c	DEGREE			22c. DATE SIGNED	,
the the		marchell	a. Am	_0	MD ATTENDING PHYSICIAN	MEDICAL STAF		7/15/8	5
P S S S S S S S S S S S S S S S S S S S		22d. PHYSICIAN'S NAME TYPE ORPRIN	112		22e ADDRESS	111 8) 1/2	11:	N	1) 2111
TO HOSS etoined TO FUN with the		MINHAMANIA	4. Levin	e	711W, T	UTY 1-	14 (7100	lore, 17	05
		SDECIEVI TO	7-19-85	ARbuti	EMETERY OR CREMATORY	Baltim	0 000	ANK"	STATE
BP	24 Ft	INERAL DIRECTOR	1 1100	ואטאדן			256 REGISTRAR'S	S SIGNATURE	
DHMH - 16 50M 4/83 (VRA 15, 4)	Le	roy O. Dyett	4600 Liber	to Hat	ts. Ave.	TT 5 1005		son-Randell	_

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DIVISION OF VITAL RECORDS,

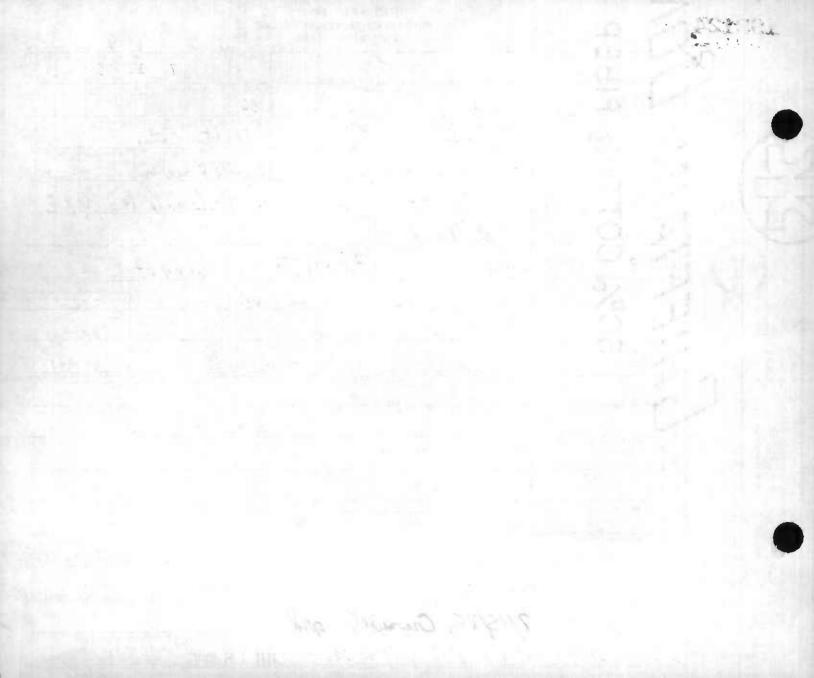
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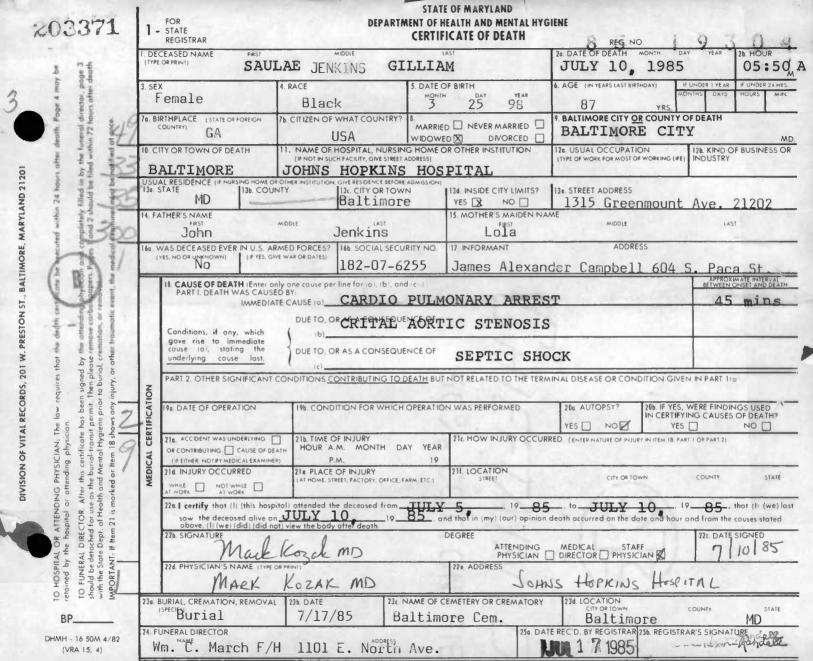
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(VRA 15, 4)

STATE OF MARYLAND

198124		-	FOR STATE REGISTRAR		RTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH LAST	8 REGINO		9303
1 75	8	DEC	EASED NAME THU RICHARD	ROY	GILLA		20 DATE OF DEATH	7 12	85 POUR PAR
ge 4 mo ector, po m other o	2	SEX	m	BLACK	S. DATE	OF BIRTH DAY 28 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN MONT YRS.	NDER I YEAR IF UNDER 24 HRS
seath Pa	3	P	the Pa	CITIZEN OF WHAT COUNTS	MARRII WIDOW	ED NEVER MARRIED DIONORCED DI	9 BALTIMORE CITY O	City	DEATH MD.
by the following the control of the	0	30	lto Md	NAME OF HOSPITAL, NUR F NOT IN SUCH FACILITY, GIVE STE	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF		26. KIND OF BUSINESS OR NOUSTRY
Alled to modifice to the state of the state	5	Ba. 5	TATE HIS COUNT	THE MEDICAL MEDICALCE ME	FORE ADMISSION	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS /	ZIP CODE	Latte9
nplerely and 2 st	d	P	LICY "	Silla	d	15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
(8)	1	it,	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	CURITY NO.	Florita	Washe	ng ht	
	F	9	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:		Snovascucan	ACCIDENT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce attending over carb trion, or in roumatic			Conditions, if any, which	DUE TO, OR AS A CONSE		MBOLL			DASS
that the ease rem of creme ir other?	1		gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSECUTION CON GET	QUENCE OF	CARDIOHY	THATHY		YOARS
Agories Then pl to burn injury, o		NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BU	T NOT RELATED TO THE TERMI	inal disease or coni	DITION GIVEN I	N PART 11a
he low on hus been to permit when price ones only	1	CERTIFICATION	NE DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO
CLAN T g physical cal transmitted by a mar 18 sh		SUSTED A	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TS PART 1	OR PART 2)
offerding the flux to the bur hand Me sked or h		MEDICAL	ZIE BUJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE. FARM ETC }	21f. LOCATION STREET	CITY OR TO	VN	COUNTY STATE
TTENDIN piral or TOR. At for use of Health			220.1 certify that (I) (this haspita saw the deceased alive an abave, (I) (we) (did) (did) (6t)	7/12		and that in (my) (pol) apinion d	, ta	12 , 19 te and haur and	that yk (we) last from the causes stated
the host AL DREC Peroched the Dept T. if from			STACHATURE H	Paulus		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAND	22c. DATE SIGNED
HOSPITA Dined by Ovid be de th the Stat			STOUGH H.	PEARCHAN		120 ADDRESS		.57	AGRET INSOLD
₽	2	Be BI			3c NAME OF	CEMETERY OR CREMAT	23d. LOCATION CITY OR TOWN	00	UNITY STATE
DHMH - 16 60M 7/84	2	FU.	NERAL DIRECTOR AME	ell 10/200RB	Nilla	A A 250 DATE	REC'D. BY REGISTRAR	0	S SIGNATURE





ANTE:SO ESCE (SE MAN DE LA MAN DEL LA MAN DE L

	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARY TMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	ENE REGING		9 3 0	5
	1. DECEASED NAME FIRSWILL (TYPE OR PRINT) WILLED	llie Belle	GDEMORI	more		7/05	YEAR 76 HOU	R // M
	\mathcal{L}_{FEmale}	4 RACE BLACK	S. DATE OF BIRTH MONTH DAY	26	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN MONTH	NDER I YEAR IF UNDER	24 HRS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Carolina	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVEL	NARRIED L	9 BALTIMORE CITY OF	ORE CI	174	MD.
)	BAUDD USUAL RESIDENCE (IF NURSING HOME C	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI LINIV. of M.	PALULAND	HOSP7.	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	2b. KIND OF BUSINE NDUSTRY	SS OR
	13e. STATE MD. 14 FATHER'S NAME	13c CITY OR TO	ore YES X	NO []		ZIP CODE FAYET	T7E S7.	212
)	JOHN FIRST	J. GILMON	RE :	FIRST TRENE	MIDOLE		LEWIS	
	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G UNKNOWN	RMED FORCES? IVE WAR OR DATES) 216 -66		AANT	ADDRE	5		
	PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), o ED BY: NTE CAUSE (o) Cardi		st			APPROXIMATE INTER BETWEEN ONSET AND	VAI DEATH
1	Conditions, if any, which	DUE TO, OR AS A CONSEOL	The Drive S	epsis			248hs	
	cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEON	rerol fa	ilme			48 mg	
		eart Pailme	Cosulo et	~	NAL DISEASE OR COND			
	Corgestive L	placement of	peritonal d	ribusis	ED (ENTER NATURE OF INJUR	IN CERTIFYING	CAUSES OF DEAT	H?
)	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19 21f LOCAT		LE LENTER NATURE OF INJUR	TIN IEM 18 PART I	OK PART 2)	
	WHILE IT NOT WHILE IT	(AT HOME STREET, FACTORY OFFICE			CITY OR TOW	/N	COUNTY	ATE

BURIAL

AT WORK AT WORK

this hospital) ottended the deceased from 226 SIGNATUR

DEGREE

and that in (my)

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

19 SST., that (1) Well lost

raento 23ª BURIAL, CREMATION, REMOVAL

234 NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park

Arbutus

our opinian death accurred on the date and haur and fram the causes stated

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

and Mental Hygiene priar to burial, cremation,

morked or Item 18 shows

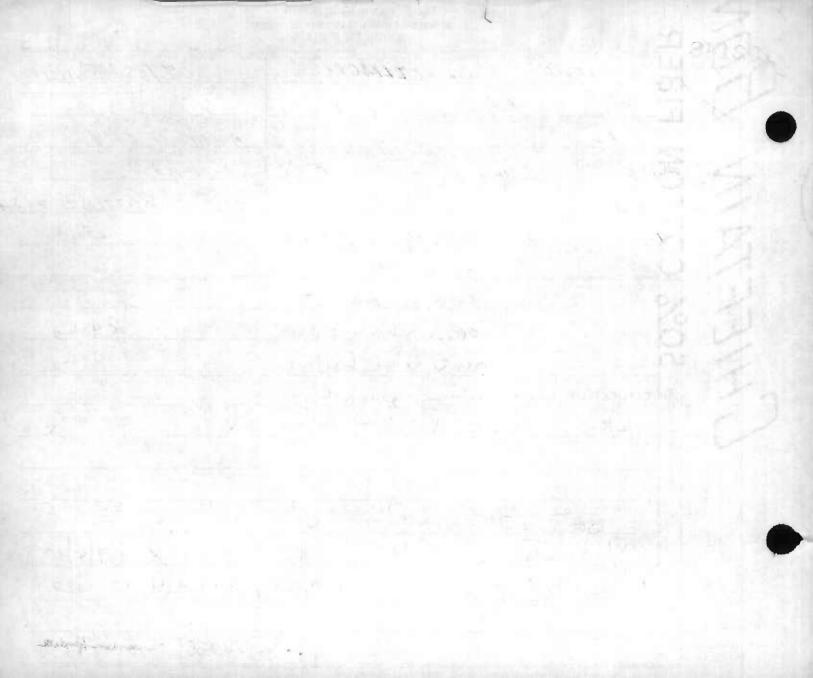
IMPORTANT. If them 21 is

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene priar t

24 FUNERAL DIRECTOR William C. March F/H 1101 E. North Ave.

7/10/85

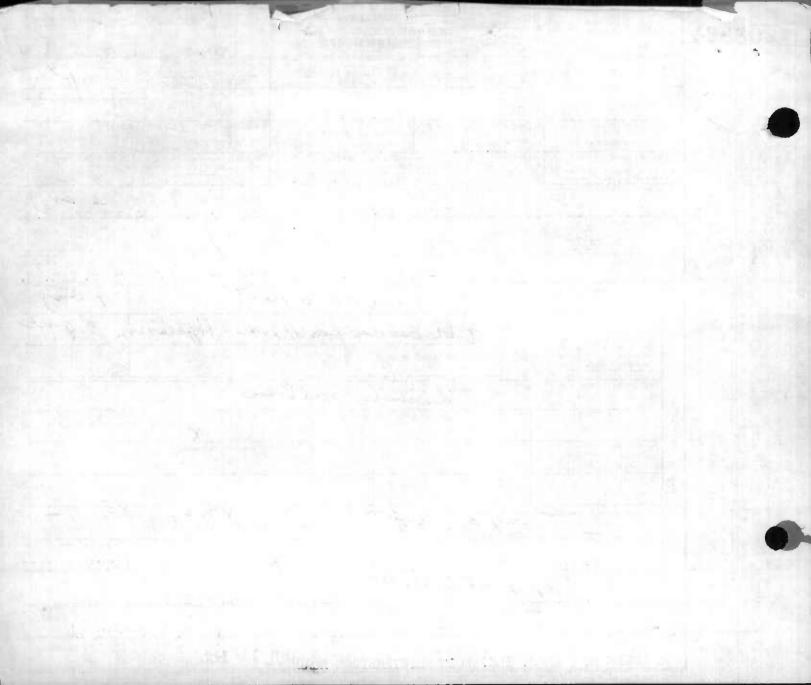
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	
- 8	5
0	REGINO

10307

Ч	REGISTRAR		4-14.11			U	REGINO	1 7	0 0
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	L	(SŤ	= 1 = 7	20 DATE OF	DEATH MONTH	H DAY YEAR	R 2b. HOUR
	JOYCE	Р.	GING	ERICH		JULY	10, 1	.985	09:45 M
8	3 SEX 4	RACE	5. DATE O		YEAR	6. AGE (IN YE)	ARS LAST BIRTHDAY)	MONTHS DA	
	FEMALE	WHITE	APRI	L 18	1929			YRS	
2	70. BIRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIET	NEVER	MARRIED -	9 BALTIMOR	E CITY OR CO	UNTY OF DEATH	1
1	CANADA	USA	WIDOWE	D DI	VORCED [BALTI	MORE C	ITY,	MD.
1	M CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	G HOME O	R OTHER INS	TITUTION	120 USUAL O	CCUPATION FOR MOST OF WORK		D OF BUSINESS OR
1	D11211011	OHNS HOPKINS		ITAL		HOME	MAKER		
1	USUAL RESIDENCE (IF NURSING HOME OR OF 138 STATE			13d INSIDE C	ITY LIMITS?	13e STREET AI	DDRESS / ZIP	CODE	79999
2	DELAWARE KENT	Γ HARRINGT	ON	YES 🗌	NO X		3, BOX 2	201E, 19	952
1	14 FATHER'S NAME FIRST MI	IDDLE EAST		15. MOTHER	S MAIDEN NAM	ΛE	MIDDLE		LAST
	ALFRED	R. FLINTOF	·	MA				VANVOLK	ENBURG
3		WAR OR DATES)		17 INFORMA			ADDRESS		
1	NO L	176-26-0	190	WILLIA	M D. GI	NGERIC	1, R.D.	#3,HARRI	
H	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (0), (), and BY:		1				BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
	IMMEDIATE	CAUSE (o)	deac	1771	rest.				
		DUE TO, OR AS A CONSEQUE	NGE OF	1.00	0.11	12000	anda	110	10101-
	Canditions, if any, which gove rise to immediate	(1b) Tena	1700	joie	, por	monar	y ead	THE	roadys.
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	ndom	otrol	Opre	rinom	12	9month
9	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	OR CONDITION	N GIVEN IN PAP	Llio
							001.01.10	TO THE TOTAL OF THE TAIL	77.0
7	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOF	PSY? 20b	IF YES, WERE FIN	IDINGS USED
-		THAT FIRE				YES 🗌	NO	TERTIFYING CAUS	NO [
1		216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTERNATI	URE OF INJURY IN ITE	EM 18 PART I OR PART	21
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e. PLACE OF INJURY	PM FIC I	211 LOCATIO			CITY OR TOWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK		1		-		, ,		
	220.1 certify that (1) (this hospital	I) ottended the deceased from _	02 U/	4/	19 83	to	14/4/10) 19 13	, that (I) (we) lost
	saw the deceased alive an above, (I) (we)(did) (which are)	view the bady after death.	on on	d that in (my)	reus) opinion d	leath accurred	on the date an	d hour and from	the couses stated
	27b. SIGNATURE	1 11.0	1.	EGREE	ATTENDING	MEDICAL	STAFF	22c. DA	ATE SIGNED
,	Selle	uncul	0		PHYSICIAN		PHYSICIAN	5 1/	110/85
	22d. PHYSICIAN - ME (TYPEORP	ann Cirillo		22e ADDRES	Inhasi	that.	or the	so tol	Ballman
_	1 July	(111)			7	109/11	5 //4	291100	Dunning
	230. BURIAL, CREMATION, REMOVAL			METERY OR			RIOWN	COUNTY	STATE
	BURIAL	7/13/1985 ZIO	N 2HY	LLEK 2	CH.CEM	· DEAFN	VALLEY	S, YORK,	PENNA.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

24 FUNERAL DIRECTOR

7/13/1985 ADDRESS 1050 York Road

ZION SHAFFER'S CH.CEM. SEVEN VALLEYS, YORK, PENNA.

DRESS 1050 York Road 23.204 5 1986 STRAR 255 REGISTRAR'S SIGNATURE

TOWSON Md. 21.204 5 1986 STRAR 255 REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

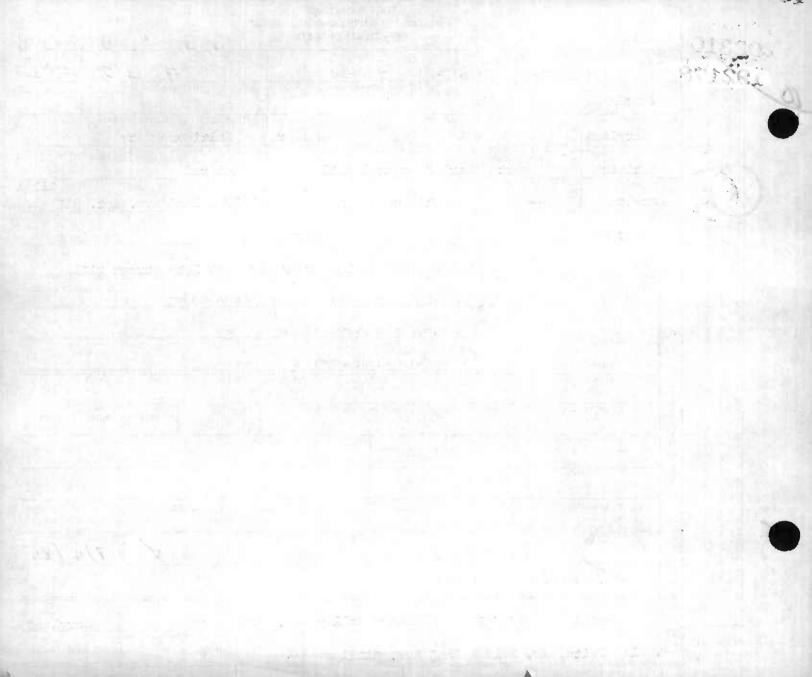
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	FOR
-	STATE
	REGISTRAF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	FICATE OF DEA	TH	8 REC	0.	Q	3 0	A
		CEASED NAME	FIRST	*May_	MIDDLE		LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
S		11-	ROT	111.	NGLES	G	LAZE			# 14	1/25	14:2	AM
	3. SE)			4 RACE		5. DATE (YFAR	6 AGE (IN YEARS LAST BIR	THDAY)	UNDER I YEAR	IF UNDER 2	MIN.
		Female		Whit	ce	4	15 PAY	16	69 YRS				
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARI	RIED	9 BALTIMORE CITY		OF DEATH		
2		Maryland	7/- 1		USA	WIDOWE	ED DIVOR	CED 📉	Baltime	ore Cit	Т		MD.
0	10 CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSI		OR OTHER INSTITU	ION	120 USUAL OCCUPAT			OF BUSINES	SSOR
1		Baltimore			Charles		al 21218		Retired				
1	73a. S		136 COUP		136 CITY OR TO		1134 INSIDE CITY L	IMITS?	13e STREET ADDRESS	ZIP CODE			1211
2		Maryland			Balti	more			3939 Rola	nd Ave.	Apt.	812	
0	14 FA	ATHER'S NAME		MIDDLE	(AST		15 MOTHER'S MA		ME		LA	51	
U		Bernard			Thomps		Leo	ra			Jenn	ings	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	ESS			
		No			213-26-	6349	Helen Kr	ebs 8	318 West 35t	th Stre			
	10.7	18 CAUSE OF DEATH PART I. DEATH W.	I Enter or	ly one couse per	line for (a), (b), a	ndic		(A. J.)			BETWEEN	ONSET AND D	AL
		IMMEDIATE CAUSE (0) Cardin pulmonage arrest											
7				DUE TO, OI	R AS A CONSEOL		^	11					
1		Conditions, if ony,		(lb)	Hop	h'C	Anupl	SWY					
Н	70	couse (o, stating	g the	DUE TO, OF	R AS A CONSEOL	JENCE OF					100		
				(c)		NUSC		-					
	z	PART 2 OTHER SIGN	I IFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1	0	
	CERTIFICATION	190 DATE OF OPERAT	ION	19h CONDI	TION FOR WHICH	- OPERATIO	N WAS PERFORME	0	200 AUTOPSY?	Tank IE VES	WERE FINDI	NCS USED	
1	IFIC,	DATE OF OTERA	1014	170 CONDI	TIOI VIOR WITHE	TOPERATIO	NAS FERI ORME	0		IN CERTIFY	NG CAUSES	OF DEATH	1?
-	ERT	210. ACCIDENT WAS UND	ERLYING F	21b. TIME O	FINJURY		1216 HOW IN ILIR	Y OCCUPE	RED (ENTER NATURE OF INJU	YES		NO 🗌	
1		OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH D		110111111111111111111111111111111111111	OCCOM	TENIER NATURE OF INJU	KY IN IIEM IB PAK	T OR PART 2}		
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE (19	211 LOCATION						
	ME	WHILE TO NOT WHI	nt 🗍	(AT HOME STR	EET FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STA	ATE
		220.1 certify that (1)		tal) attended the	e decensed from			9	to	10	,	ab = a + a + a + a + a + a + a + a + a + a	-114
9		now the deceose	d olive on		19				death occurred on the de	ote and hour o		that (I) (we	
		22b. SIGNATURE	id: (did no	ew the body	after death		DEGREE				22¢ DATE		_
		D	100	CK-h	ESAT			NDING E	MEDICAL STAI		7/	4 /8	25
			ME come o	I FEINT			22e ADDRESS	ICIAIN L	J DIRECTOR PHISIC	IAN 🔄		7 / 3	-
		- K1	RTIK	ANT	DESAI								
V		URIAL, CREMATION, F	REMOVAL	23b. DATE	23(NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION				_
	(Buria.	1	7/8/8!			Valley N		Gans Towso		COUNTY	faryla	
3	24 FU	INERAL DIRECTOR							E REC'D. BY REGISTRAR				inu
	A	. Alan Sei	tz, J	r. 3818	Roland .	Ave. 2	21211	JUI	L 0 8 1985	· n. Jai	idson-h	andell	

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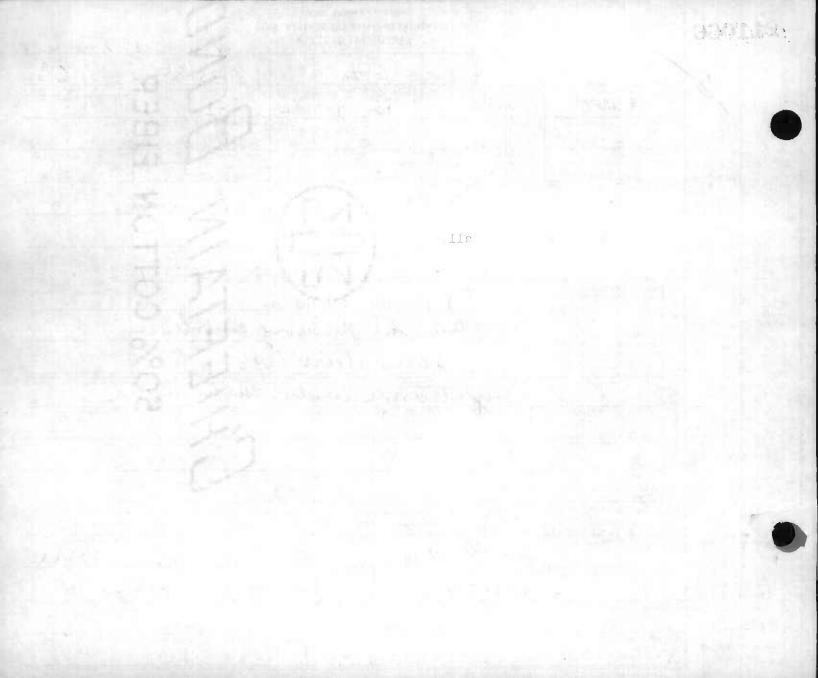
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1.	STATE		DEPARTMENT OF I	IEALTH AND MENTAL HYG	SIENE			
	REGISTRAR		CERTII	FICATE OF DEATH	RECT	O	9	3 0 5
	CEASED NAME	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	Mari	e H.	6	leba	1/75/	85		6 am
3. SE	X P	4 RACE	5. DATE		& AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER 24 HRS
20	temale	unite	MONT	- A 1 d - S	82	MONT	HS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY C	R COUNTY OF	DEATH	
	COUNTRY)	77 (7 7)		D NEVER MARRIED	The state of the s	The same		
10 C	Maryland ITY OR TOWN OF DEATH	U.S.A.	L. NURSING HOME	DR OTHER INSTITUTION	Baltimor		-1	MD OF BUSINESS OR
	D. 11.3	(IF NOT IN SUCH FACILITY,			(TYPE OF WORK FOR MOST C	F WORKING LIFE)	NDUSTRY	
UsU	Baltimore AL RESIDENCE (IF NURSING HOME OR		y Hospital	4	Housekeepe	r	A	At home
73a :	STATE Md. 136 COUN		timore	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 2810 Erd		2	1213
14 F	ATHER'S NAME	MID DI E		15. MOTHER'S MAIDEN NA	ME	100	LAS	
	John	Hal:	ly	FIRSTAnna	Middle		FV2	"
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
l '	no	E WAR OR DATES)		Stephen T	Gleva 28	10 Erdm	an Av	re.
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for to	qu, (b), and (c)	01111				IMATE INTERVAL ONSET AND DEATH
		D BY: E CAUSE (o)	Ventrule	or tipullation		237		
	grant Divi	DUE TO, OR AS AND		0 0	-1	1 .	- 2/1	19 740 71
	Conditions, if any, which	DUE TO, OR AS AIG	rellie	(nuluos	of emere	lon)	
11	gove rise to immediate cause (a), stating the	DUE TO OD AS A SC	ON LOCAL COLUMNICS OF	A 0	<i>y</i>	-		
	underlying couse lost.	DUE TO, OR AS A CO	Stesis	ulcers l	ees	0.3		
П.	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1	0
Z O		Hume	leusin	& conchor	rasenho	dous	2	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	NGS USED
TEK					YES NOT	IN CERTIFYING	CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE			OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR	Y	21f LOCATION				
W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	RY, OFFICE FARM ETC)	STREET	CITY OR TO	vn (COUNTY	STATE
1	22a.1 certify that (1) (this hospi	- 6			, to			that (I) (we) lost
	sow the deceased alive on above, (I) (we) (did) (did no	view he body	th. 19/1 . o	nd that in (my) (our) opinion o	deoth occurred on the do	ite and haur and	from the	couses stoted
	226 SIGNATURE	41/1/	1/2	DEGREE			THE DATE	HIGHER
		A Doug	ell MD	ATTENDING PHYSICIAN	MEDICAL STAR		1/	25/85
	22d PHYSICIAN'S NAME (TYPE O	R PRINTO		22e ADDRESS	11 / 1	0 41	1	1/1
	(>	10 kmul	AMA	Merry	HOSPITAL,	BAHIN	भार .	Md.
23a E	BURIAL, CREMATION, REMOVAL	23h DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		-	
	Burial	7-29-85	St.	Stanislaus		imore	UNTY	STATE
24 FL	JNERAL DIRECTOR				E REC'D. BY REGISTRAR		SIGNATI	URENCAR
1	Leonard J. R	uck, Inc. 5	ADDRESS	ال الم الم	UL 2 6 1985	الماناتية ليت	(4676) 44	1 .10

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REO NO 2g. DATE OF DEATH 2b. HOUR DECEASED NAME FIRST TYPE OR PRINT TOSEPH GLORIA 05 CARMEN 07 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF LINDER 24 HRS 3. SEX MONTH WHITE 64 1920 07 9 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND BALTIMORE WIDOWED DIVORCED MD CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TREASURER SAMARITAN UNION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
136 COUNTY
137 (CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 8713 LITTLEWOOD BALTIMORE 13d INSIDE CITY LIMITS? MARYLAND 21234 RD. IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE DOMONTO GLORIA ANGELINA DEL PIZZO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) -16-1256 PAUL V. GLORIA BALTIMORE. MD 21236 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ARREST CARDIO PULLMONIARY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF MYOCAR DIAI IMFARCTION Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I CERT 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 71d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE 27a. I certify that HT (this haspital) attended the deceased from saw the deceased alive an 7 S abave, (In(we) (did) (did nat) view the bady after death and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) HOSPITAL EDWIN SAMARITAN GOOD 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE BURIAL 8. 85 MEADOWRIDGE MEM HOWARD CO 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE E. JOHNSON8521 LOCH RAVEN BLVD

DHMH - 16 60M 7/84 (VRA 15, 4)

the Carlotte and the Ca

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather troumatic event, the

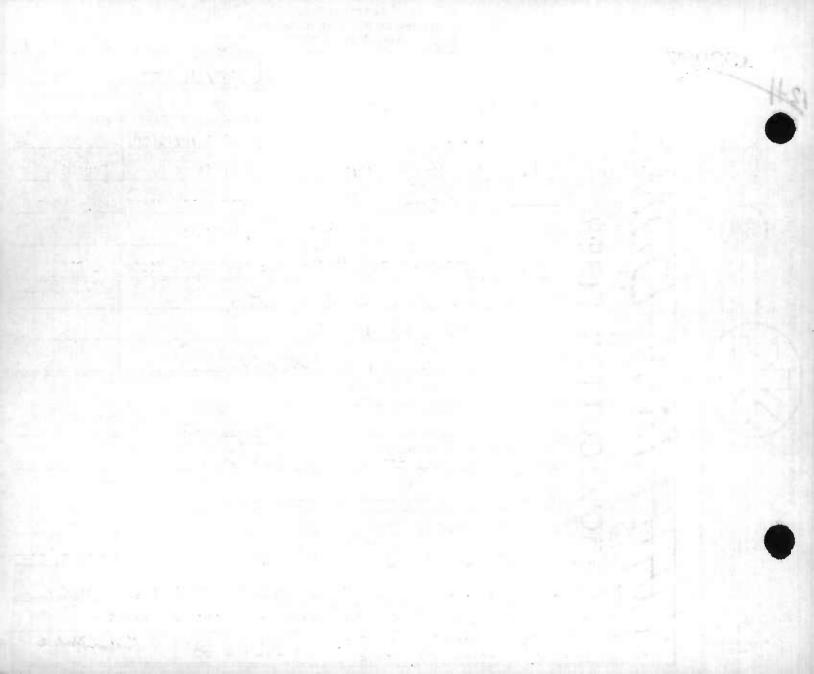
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

l,		STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO	o.	9 3	11
3"		OR PRINTI	FIRST	A	AIDDLE	ı	AST	20. DATE OF	DEATH	MONTH I	DAY YEAR	26 HOUR
		R	obert	Ar.	thur	GNA	U	Ju1	y 4.	1985		5:35p A
	3 SEX	× Male		4 RACE Whi	te	S. DATE C		6. AGE (INV			IF UNDER TYEAR	IF UNDER 24 HRS
L		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY		NEVER MARRIED		imore		OF DEATH	IM.
1.5	10 CI	altimore		Good Sa	maritan	NG HOME C TADDRESS) Hospi	OR OTHER INSTITUTION	12a USUAL		ON F WORKING LIF	12b. KIND C	king
E	13a. S Ma	AL RESIDENCE (IF NURS STATE aryland ATHER'S NAME	136 COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltimo	WN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA			Vist	a Ave.	21206
10	R	obert J. G	na u	WIDDLE	LAST		Phylomena				LAS	ST .
/		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes		MED FORCES?	213-28-		Lillian Gnat	u 6536	Belle			21206
	ION		nediate g the last.	(b) DUE TO, OF	R AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	Affler-	MINAL DISEAS	E OR CONE	DITION GIV	EN IN PART 1(a1
2	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES [NO[X	IN CERTIF	S, WERE FINDING YING CAUSES	NGS USED OF DEATH?
9	MEDICAL CER	2)a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAL EXAMINER	HOUR A.	M. MONTH D	AY JEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)	
	WEL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	ILE 🗍	21e. PLACE (EET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET		CITY OR TOV	NN	COUNTY	STATE
	19	220.1 certify that (1) saw the decease also 11 we) (c				, ar	nd that in (my) (aur) apinian	death occurre	d on the do			that (I) (we) loss causes stated
		274 PHYSICIANS N	Lan	14	Shor	18	ATTENDING PHYSICIAN	MEDICAL	STAF		July	
1		A MAN CONTRACTOR	100	lott , l	M.D.		Mercy Hospi	ital	Balti	more.	Maryla	nd
	(BURIAL, CREMATION, SPECIFY) Buria		July 8			emetery or crematory od Cemetery	Ba l	timor	e, Ma	rÿTänd	STATE
		INERAL DIRECTOR			uneral Md		Inc.	L 09	1985	REGIST	avidour-V	andale

7110 Belair Road, Baltimore, Md. 21206

DHMH-16 30M 2/80 (VRA 15, 4)



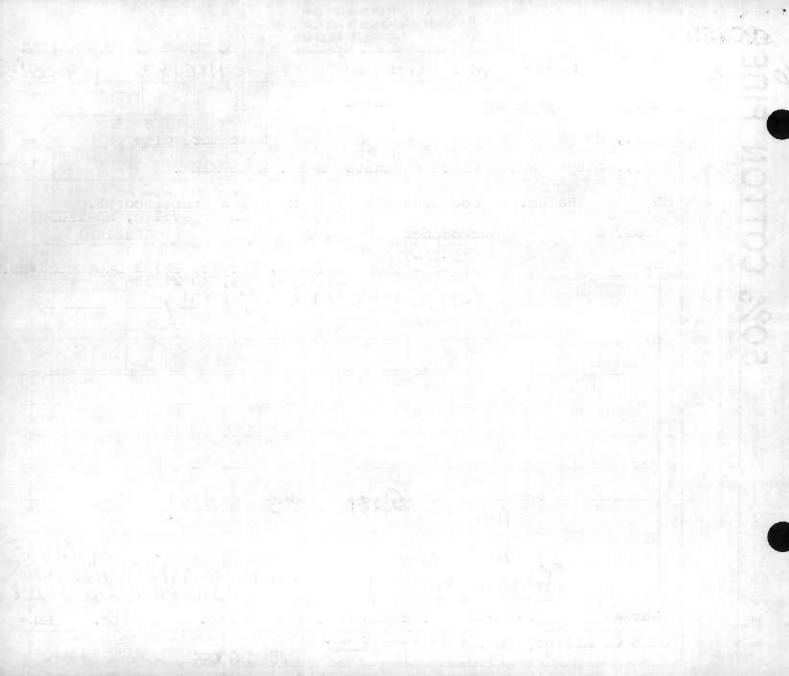
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

203	259	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	14	10719
poge 3	2,		CEASED NAME FIRST	MIODLE ,	FOETZE	20. DATE OF DEATH	MONTH DAY YEAR 126 HOUR 4.05%
да од	2	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ge 4 ector	5	Fe	male	White	8-19-1899 YEAR	85	YRS.
P P	THE	7a. 8	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
death	1		lto., MD	USA	WIDOWED DIVORCED	Baltimore	City MD.
s ofter o	Poll of	4	lto., City		ADDRESS) General Hosp.	120 USUAL OCCUPATION OF WORK FOR MOST OF HOME Make:	WORKING LIFE INDUSTRY
24 hour			STATE 136 COL			13 STREET ADDRESS /	ZIP CODE CEWOOD Rd.
athin tely	100	J.L.F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		ville, MD 21030
ed w	127	1	Conrad	Wurzbache	er Mary	WIDDLE	Seidel
m and co	medical	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 146 SOCIAL SECU 215-50- 215-01-	0420b Doris A	. Berger,	10702 Lancewood RI
	ic event, th		PART I. DEATH WAS CAUS	ATE CAUSE (O) CONGE	STIVE CARDIC	omyorn T	21030 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the deot! d by the atten	al, cremotion, or ar ather troumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	ENCE OF		
quires	to bur	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
he law re an. has been	ows on i	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ICIAN: T g physici entificate	or of the shape of		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	AIR	AY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
Ottending ottending ier this c	and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	211 LOCATION	CITY OR TO	WN COUNTY STATE
Spiral ar	of Health		22a.1 certify that (I) (this has	oital) attended the deceased from 19 6 19 8 19 8	5 , and that in (my) (aur) opinion	death occurred on the do	te and hour and from the causes stated
AL OK A the hos	ote Dept.		226 SIGNATURE	July me	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
O HOSPITAL etained by th	with the Store		22d. PHYSICIAN'S NAME (Name	MYANIA	Pro ADDRESS	en cha	Shed Hothise
BP	3 3	230	BURIAL CREMATION, REMOVA BURIAL	7-20-85 Ga	NAME OF CEMETERY OR CREMATORY Ardens of Faith		Baîto. MD
DHMH - 16	60M 7/84	24 E	John C. Mille	er, Inc. 6415	BelairaRd. 25a.DA	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

" lie Davidson Randelle

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

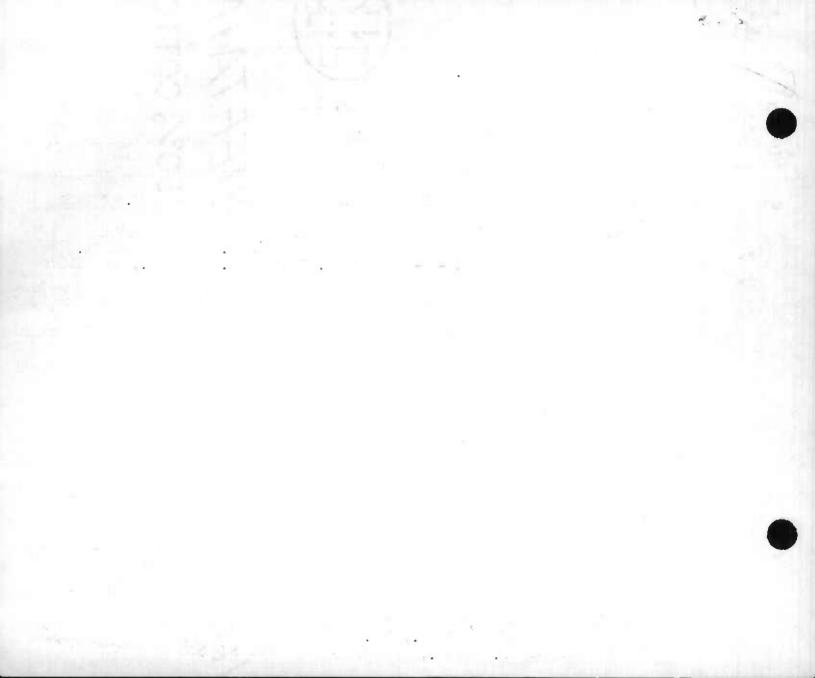
the A. Mustant age of 1901 and 2000. A sale

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEAT	ГН	8	REG NO		9 ;	3	de
		CEASED NAME E OR PRINT)	FIRST	٨	AIDDLE		LAST		20. DATE OF	DEATH A	AONTH D	AY YEAR	26 HO	UR
_	/		ELAIN	IE	F.	GO	ODMAN		JULY	09,				30Pm
	3. SE	x FEMALE		4 RACE WHITE		5. DATE (YEAR 5	6. AGE (1N YE	ARS LAST BIRTH		FUNDER I YEAR	HOURS	ER 24 HRS
5	(IRTHPLACE STATE OR COUNTRY) MARY LAND	FOREIGN	76. CITIZEN OF V	WHAT COUNTRY	Y2 8	D NEVER MARR	RIED 🗆	9. BALTIMOR BALT	IMORE	COUNTY	OF DEATH		MD
3	BA	ALTIMORE		THE JOH	HEACILITY, GIVE STRE	INS HO	OR OTHER INSTITUT	ION	170 USUAL CONTROL OF WORK		WORKING LIFE			
5	13e S	AL RESIDENCE I# NUR STATE MARYLAND	136 COUN		13c. CITY OR TO BALTI	NW	134 INSIDE CITY LI		13e STREET A	DDRESS / VESHA	ZIP CODE M AVE	. #21	212	
C		JACK			ARBMAN		JEANN	ЕТТЕ		WIDDIE		NYDER A		
	- 0	WAS DECEASED EVER YES, NO OR UNKNOWN) VO		MED FORCES?	219-22		17 INFORMANT 20 S. C		IAN S. ES ST.		AN LTO.,		2120	
	IION	Conditions, if ony gove rise to im couse (o), stoth underlying couse PART 2. OTHER SIG	mediate ng the e lost.	DUE TO, OF	R AS A CONSEQ SUBAT R AS A CONSEO DITRIBUTING TO	CACHA DUENCE OF	NOT RELATED TO 1	THE TERM		OR COND	ITION GIVE	2 W	cel	7
2	CERTIFICATION	1% DATE OF OPERA	TION	19b CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORME	D	200 AUTO	PSY?	IN CERTIFY	, WERE FINDI (ING CAUSE:		ATH?
7	MEDICAL CE	21e. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTEY MED 21d. INJURY OCCUR WHITE NOTEY MED AT WORK NOTEY MED 22e.1 certify that (I saw the deceo above, (I) (we) 22b. SIGNATHER	CAUSE OF DEA	HOUR A.I P.I 21s. PLACE ((AT HOME STR	M. MONTH M. OF INJURY EEET, FACTORY, OFFICE	19 E. FARM, ETC.)		. 25	, to	CITY OR TOW	e ond hour	COUNTY	couses	
1		22d. PHYSICIAINS N	ME (TYPE O	RPRINT)	56104	,	220. ADDRESS	525	MAP	KINS		05817	AL	703
	24 FU	BURIAL, CREMATION (SPECIFY) BURIAL UNERAL DIRECTOR NAME	SOL		1,1985 N & BROS	CHIZUK				TTMOF	56. REGISTE	COUNTY MARYS SIGNA	ARYL.	STATE AND
		6010 REIST	EK210	WIN KD.	BALTU.,	MD	21215	31	OF 10	200	1			

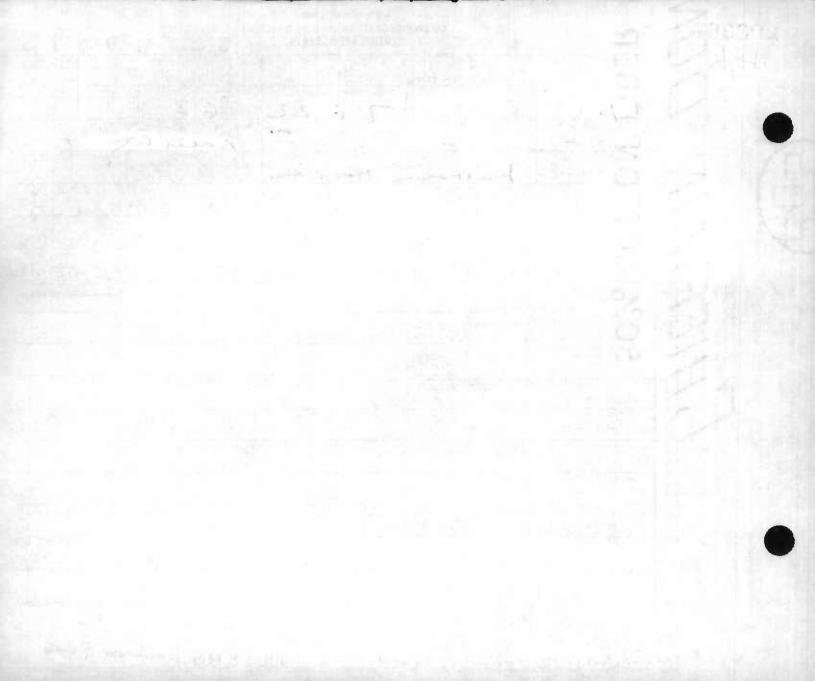
DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAN
DED A DEMENT OF HEATTH AND ME

203367	1-	FOR STATE REGISTRAR		H AND MENTAL HYGIENE TE OF DEATH	E REA NO.	9315
-bod		EASED NAME FIRST OR PRINT; NO RRIS L	MIDDLE LAST VINASTON GOA	2002	DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 4 mo	3. SE		5. DATE OF BIR	6 ZZ	GE (IN YEARS LAST BIRTHDAY) 6 3 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth. Pe	70. BI	THELACE STATE OF FOREIGN TO CITIZEN C	MARRIED WIDOWED	DIVORCED	BALTIMOSE CITY OF COUNT	RE CHY MD.
in by the filed with	USU	ALTIMORE (IF YOT IN	SUCH FACILITY, GIVE STREET ADDRESS)	ngitas !	PEOF WORK FOR MOST OF WORKING I	IFEL INDUSTRY
tely filled i	1	Maryland 136 COUNTY THER'S NAME	Ba Limore YES		STREET ADDRESS ZIP COD	talou St.
1 1360		AS DECEASED EVER IN U.S. ARMED FORCES		ATTIE NFORMANT	ADDRESS ADDRESS	VDERSON
oth be exectly the medico	-	18 CAUSE OF DEATH LEnter only one couse	228-12-0108 C	REOLA CA	ARR, 3406.	LUDS ATE REV
attendos phonos control contro		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0), DUE TO	OR AS A CONSEQUENCE OF	FAILURE		
that the detailed by the attribution of a contraction.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	OR AS A CONSEQUENCE OF	FAILURE		
requires en signec t. Then plo or to burin	TION	PART 2 OTHER SIGNIFICANT CONDITIONS RENT2 FAILURE -	ALTUMONIA -	COMA		
The low riction. The low nsit permit gene print shows on	CERTIFICATION	V-6-85 164	NOTION FOR WHICH OPERATION WAS		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO
HYSICIAN: ding physics certifico buriol-tror Mentol Hy or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR P.M. 19	LOCATION		
or often or other se os the colth and marked o	ME		STREET, FACTORY, OFFICE, FARM, ETC)	18 19 19 19 19 19 19 19 19 19 19 19 19 19	to 7/1/85	COUNTY STATE
OR ATTEN The hospital DIRECTOR oched for u Dept. of He Hem 21 is		sow the deceased alive on above. (I) (we) (did) (did not) view the ba	9/65 19 and the	PEE	h occurred on the date and ha	ur and from the causes stated 221. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State I IMPORTANT: If		22d. PHYSICIAITS NAME OF THE P		PHYSICIAN DI	N ILUSPUM	2
BP	23o E	URIAL, CREMATION, REMOVAL 236. DATE PECIFY BUNIAL 7-20	-1985 PANTE OF SEMET	COUNTY	23d LOCATION JETERSVILLE	2 COUNTY A. STATE
DHMH - 16 60M 7/84	24	MELTINE & SONS	Funeral h		C'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND 210098 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO: DECEASED NAME DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Phillip (Philip L. Gordon, Jr. 22 19 85 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE AND 3TO THE FUNERAL DIRECT RETAIN PAGE 5 FOR YOUR PHOULD BE FILED, WITHIN 72 HOWEONDS, ROLL W. PRESTON STR 42 AST BIRTHDAY MONTH DAY VEAR PRONOUNCED 3:36P 42 Male Black DEAD 1985 11 70 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Baltimore City IB. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore 1341 Pentwood Road USUAL NEL MA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY Barttown 1314 Pentwood Rd. 21239 YESK NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ida Williams Gordon, Phillip L. DIVISION 16h SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-38-5239 1314 Pentwood Re Ernestine Gordon Vietnam Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TRANSIT PERMIT BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, II, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound to head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION NER. THIS CERT.

ICATE, WRITING THE W.

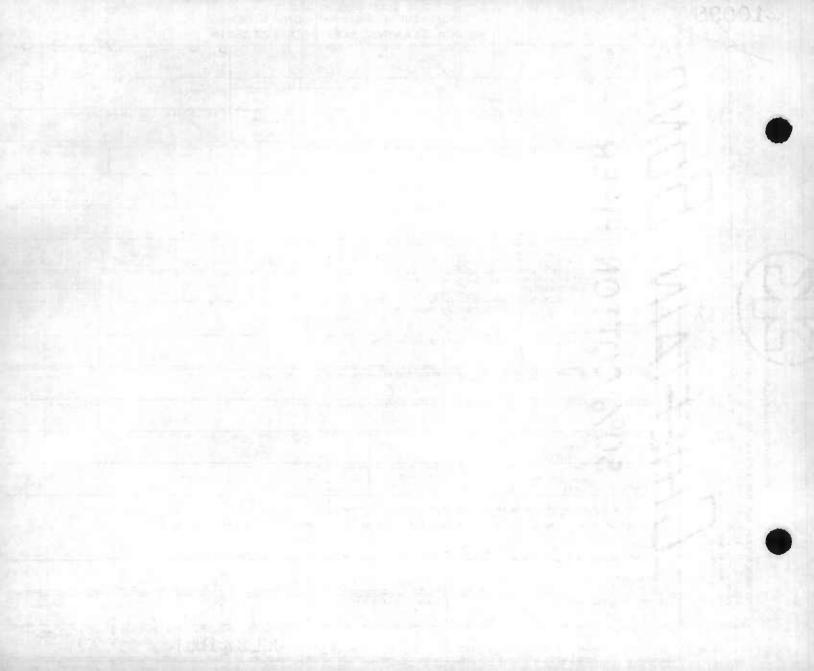
E PORWARDED TO THE CHIEF.

CTOR: PAGE 3 SHOULD BE USED AS

STATE DEPARTMENT OF HEAI

"THE STATE DEPARTMENT OF HEAI

"TO PRIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOURXXXXMONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2219 85 self inflicted 12+ P.M 21e PLACE OF INJURY TAT HOME 21f LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK AT WORK 1341 Pentwood Rd, Baltimore home MD. Autopsy X 22a I certify that I taok charge of the remains described above, held on Inspection Inquiry Suicide X death resulted fram: Accident Hamicide Natural couses Undetermined monner TITLE (SPECIFY) ACTUAL M Assistant 7/23/85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore, Md. 7/27/85 Baltimore Cem. Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 259, REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 1101 E. North Ave. Wm C March F/H



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, Allen Gore DEATH MATED 7-20 19 85 6 AGE (IN YEARS IF UNDER TYR. 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 85 DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2762 Kinsey Avenue Baltimore MD, 21201 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A CERTIFICATION DED TO III. E 3 SHOULD BE USED OF HE E DEPARTMENT OF HE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUT THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR! TO FUNRAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted fram Notural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-21-85 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Margarita A. Korell, M.D. 23c. NAME OF CEMETERY 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR - DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

B3-707 107 88

THE RT SEL CLEANER

(VRA 15, 4)

Literary Second Car Ballingers 1837HWICHESS DIGIS Cress Macrosed Desire Style Plate State of the Well Courses Service Stee March St. St. Carlle King Hold Chair and Land St. St. Land Co.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 210100 CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN XX (TYPE OR PRINT) ESTI-DEATH MATED Ottilie Gradecak 7-16 19 85 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 9:38 PRONOUNCED FEMALE 26 DEAD CHUCASIAN 19 85 7-16 D. M 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY NEST. GERMANY Baltimore City M. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS Baltimore University Hospital - STU KENRED TEACHER F EMPLEYD COUNT 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND SEVERNA TACK FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS1 MIDDLE MIDDLE BUCHLER MATILDA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN) I IF YES, GIVE WAR OR DATES) MARKUS K. GRADECAK 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Craniocerebral Trauma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION GSED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL ENTRICATE, WRITER TO THE CHEEF EXECULE HE CHEEF PAGE 4 SHOULD BE FORWARDED TO THE CHEEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEALTH WITH THE STATE DEPARTMENT OF HEALTWORE, MARKLAND, 21201 PRIOR TO BURKAL YES X NO [210. EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR MONTH DAY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR 6:16P.M. 7-16 pedestrian struck by pick-up truck CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK & McKinsey Rd., Anne ARundel Co., Md. Road 220. I certify that I took charge of the remain described above, held an Autopsy and in my opinion Accident XX death resulted from Undetermined monner ACTUAL DATE 7-17-85 SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 18 1985 WESTVIEW (WESTVIEW REMATERY MP CREMATION 07/84 25M 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE ADDRESS 501 RITCHIE HWY. **DHMH - 17** BARRANCO FUNERAL HOME SENERNA PARK . N.D. (VR A15 ME (5))

Self Carrier Table Ha Stold Village William William Transfer

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

PRESTON ST.

DIVISION OF VITAL RECORDS, 201

Wm. C. March F/H, Inc. 1101 E. North Ave

Burial

23a. BURIAL, CREMATION, REMOVAL

7/15/85

236. DATE

23c NAME OF CEMETERY OR CREMATORY 25 Cedar Hill Cemetery

TORY 236 LOCATION

Baltimore, Maryland

O DATE RECID. SY DECISTRATE 255: REGISTRATE'S SICTIATURE

No. Care Comment FIRE THE SHAPE OF The state of the s THE POOR THE WALL PROPERTY. MORE THE PLANT OF THE PARTY OF ALLO TO BE THE LINE OF THE PARTY OF THE PARTY.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF DEATH	RED NO.	193	2
DECEASED NAME	FIRST	WIDDLE	LAS1	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
TYPE OR PRINT)	Berni	ce E.	GRANT	July 26, 1985	1:11A	
SEX	4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
Female		Black	4 23 08	77 YRS.	MONTHS DAYS	MOURS MIN
	OR FOREIGN 71	. CITIZEN OF WHAT COUNTRY	(? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
N.C		USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	ty	٨

AMAL	REGISTRAR		CERTIFICATE OF DEATH	O REO NO	1 7 0 2
	PECEASED NAME FIRST	MIDDLE	LASI	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
eath	Beri	nice E.	GRANT	July 26,	1985 1:11A
3 5	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
F	emale	Black	4 23 08	77	YRS. MONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
5/0	N.C.	USA	WIDOWED DIVORCED	1	re City MI
0 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 126 KIND OF BUSINESS OR WORKING LIFE! INDUSTRY
318	Baltimore		eral Hospital	TITTE OF WORK FOR MOST OF	WORKING (IPE) I [INDUSTRI
13分	JAL RESIDENCE (IF NURSING HOME STATE MD	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 134 CITY OR TOW Baltimo	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE /lvania Ave. 21201
14	FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
4 00	Hugh	H. McMiller	Magale	ne	Sears
9 / 160	WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRES	SS
e e	(YES NO OR UNKNOWN) (IF YES (579-24-5	170 Viola Smith	306 E. Lorra	aine Ave.
event, the	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per line for (a), (b), and SED BY ATE CAUSE (a) Status po	st subdural hemate	omas. (evacua	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ation of)
notice		DUE TO, OR AS A CONSEQUE	ENCE OF		
TO OL	Conditions, if any, which	(b)Bllateral,	patchy, broncho	pneumonia.	
r other	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	^{ENCE OF} <i>rrhosis with hist</i>	ory of alcoho	olism
burn			DEATH BUT NOT RELATED TO THE TER		
ny injur	History of ca	arcinoma of the m	outh, treated, n	o evidence of	f recurrance.
S S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
8 shows a	July 7, 198	5 Subdural hem	atomas	YES XX NO	YES X NO
8 7 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)

Y.	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED		206 IF YES, WERE FINDINGS USED		
	July 7, 1985	Subdural hematomas		YES XX NO	IN CERTIFYING CAUSES OF DEATH? YES TO NO		
I CEN	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)		
5	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					

(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET	TC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	
220 L certify that 20) (this haspital)	ottended the deceased fromJ	uIy	4 . 19	85	to July 26	19 85	that (X

saw the deceased olive on July 26 abave, (Wwe) (did) (did XX view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Mien-Door Kioune, M.D. c/o Maryland General Hospital

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 7/30/85 Md. Nat'l Mem. Pk.

23d. LOCATION Laurel

MDSTATE COUNTY

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

MPORTANT

FOR

1101 E. North Ave. Wm. C. March F/H (VRA 15, 4)

Colonial Colonia Colo

	FOR STATE REGISTRAR CEASED NAME FIRST		DEPARTA	CERTIFI	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	13	RECNO.	1 9 DAY YEAR	3 2 2 12b HOUR
	E OR PRINT)	1MA	ELIZABETH		GRANT	To DAIL OF E	7	8 85	6 Acm
3. SE	X	4 RACE	10000	5 DATE O		6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
F	emale	White		Octob	er 9, 1900	84	YRS.		C
	IRTHPLACE STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9. BALTIMORI	E CITY OR COUNT	Y OF DEATH	
	aryland		S.A.	WIDOWE	DIX DIVORCED		timore Ci	ty	MD.
	altimore	HE NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET N. Belvede	ADDRESS)	R OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK F House	OR MOST OF WORKING		Home
130	AL RESIDENCE (IF NURSING HOM STATE 13b CO	LE OR OTHER INSTITUTION	Baltimo	N I	134 INSIDE CITY LIMITS?	13e.STREET AC 2500	DDRESS / ZIP COD W. Belve	dere	21215
14 F/	ATHER'S NAME FIRST John	MIDDLE George	Backu:	s	15. MOTHER'S MAIDEN NAME ERST EMMA	ME	MIDDLE	unkn	
Non N	WAS DECEASED EVER IN U.S 1YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? b, GIVE WAR OR DATES)	216-05-		Raymond J. (Grant	3018 Aut Ellicott		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		line for on (b), and	de le	nysand	ex	afort	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE	800	o - CHF	art	heste		
NOI	PART 2 OTHER SIGNIFICAL	nt conditions <u>c</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	or condition G	IVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 COND	N WAS PERFORMED	200 AUTOP	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATU	IRE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	3.1	CITY OR TOWN	COUNTY	STATE

220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an above. (I) (we) (did) (did not) view the body after death

DEGREE ATTENDING MEDICAL

STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred an the date and have and from the causes stated

22c. DATE SIGNED

Carlos Patalinhug

M.D.

7/10/85

403 E. Patapsco Avenue,

Baltimore,

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

77h SIGHTATURES

23c NAME OF CEMETERY OR CREMATORY Garrison Forest Veterans

22e ADDRESS

Owings Mills

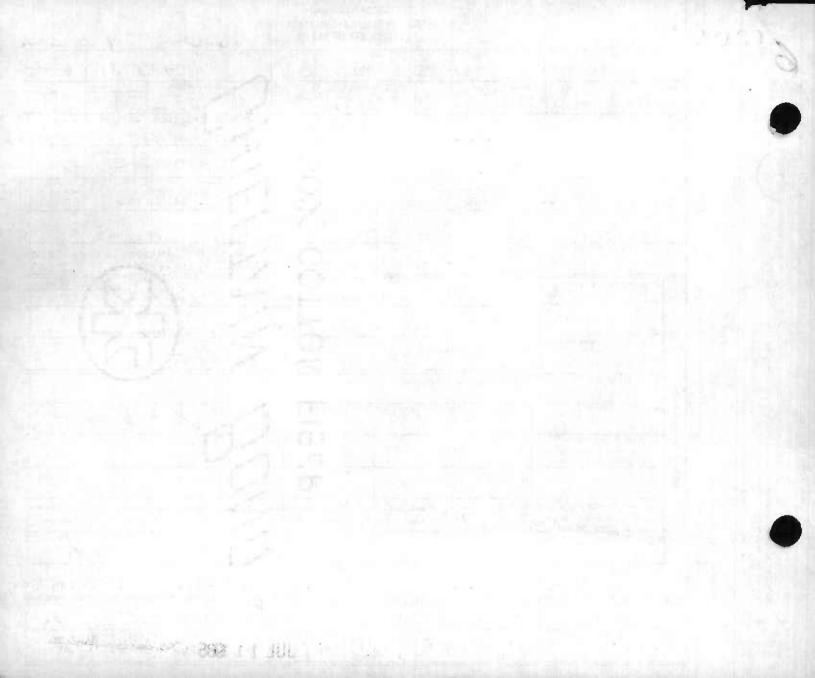
Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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Theory M. & Russell C. Witzke Funeral Homes P.A. JUL 11 1885 Russell C. Witzke Md. 21228



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other troumotic

STATE OF MARYLAND

1 - STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	REG. NO.	33	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR 3	
Charle	otte J.	Grantmyre	701	85 11.46 PM	
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	a. AGE THE TERMS ENDI BRITISHING	UNDER I YEAR IF UNDER 24 HRS	
Female	White	July 18, 1907	77 YRS.		
. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH		
MD	USA	WIDOWED DIVORCED	Baltimore City		
10. CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY	
Baltimore	Union Memor	ial Hospital	Secretary	Real Estate	
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COUL		ADMISSION) N 13d INSIDE CITY LIMITS? YES \ NO \	13. STREET ADDRESS / ZIP CODE 801 Venable Av	e., 21218	
14 FATHER'S NAME FIRST Harold	MIDDLE LAST Grantmy	re Elizabeth	MIDDIE	orth LAST	
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS		
No	218 28 5	395 Joyce C.		Same	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (0), (ED BY: TE CAUSE (0)	Intracerbra	/ nemorage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DUE TO, OR AS A CONSEQUE				
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART IIO	

CERTIFICATION 90 DATE OF OPERATION

MEDICAL

216 TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)

211 LOCATION

CITY OR TOWN

206. IF YES, WERE FINDINGS USED

YES |

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO [

220.1 certify that @ (this haspital) attended the deceased from sow the deceased alive on

DEGREE

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

20a AUTOPSY?

NO

and that in (mr) (our) apinion death occurred on the date and hour and from the causes stated

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

22b. SIGNAT

Jeffrey A. Cool

Union Memorial Hospital

23b DATE 230 BURIAL, CREMATION, REMOVAL Burial 7/3/85 23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery

22e. ADDRESS

23d LOCATION Balto.

COUNTY STATE MD

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

BP

FUNERAL DIRECTOR.

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should be detached with the State Dep

MPORTANT:

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

(VRA 15, 4)

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road

Balto., MD

21212

ia Davidson- Randalle

85 PB 33	ALCOHOLDS		
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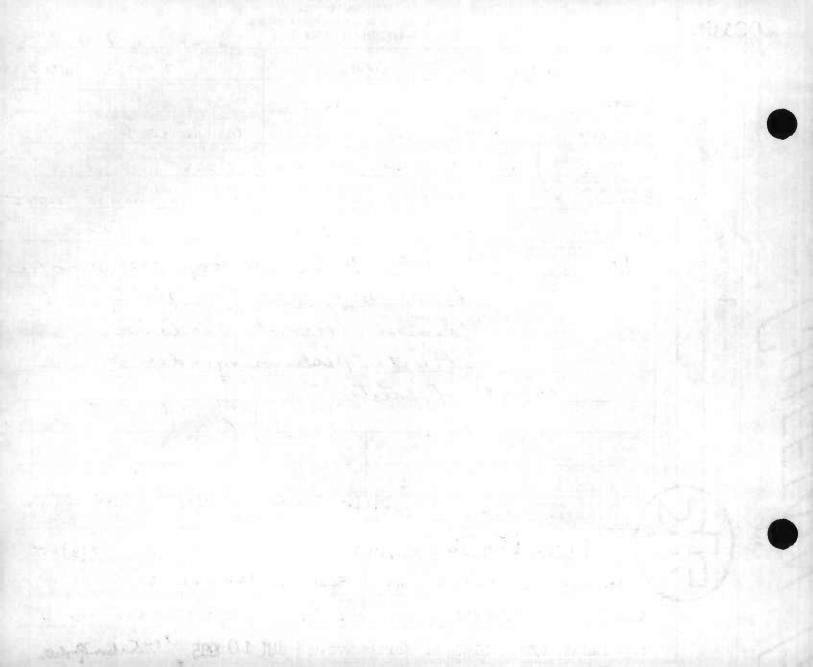
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STATE OF MARYLAND

STATE OF MARKET							
DEPARTMENT	OF	HEALTH	AND	MENTA	LHYGIE		

11.	STATE		DEPARTI	MENT OF H	EALTH AND MENTAL HT	FIENE			15	- 25
Lis	REGISTRAR			CERTIF	ICATE OF DEATH	G RED	NO.	1 9 3	la	En
	CEASED NAME EIRST	A	MIDDLE		AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	1
TITPE	CHE	aye	A	64	LAY		7	7 85	1031	PM
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST I	BIRTHDAY)	MONTHS DAYS	IF UNDER 2	I HRS
-	FEWALE	NEG	RU	MONTH	DAY YEAR	31	YRS.	MUNIHS DATS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH		
	MARY SAS	US	Gr.	WIDOWE	DI NEVER MARRIED L	BAUTIN	NOTE	CITY		MD.
_	TY OR TOWN OF DEATH			NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND O	F BUSINES	
	ALTIMORE	SOU TH	-	MORE	bene. Hosp.	(TYPE OF WORK EOR MOS		LIEE) INDUSTRY		
13a S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS				
-	Shithing -		BACTIA	u.u	YES NO		EAMO	IN AVE	_ 21	225
14 F/	CLEAVERN	MIDDLE	CONE		IS MOTHER'S MAIDEN NA	MIDDLE		CA	in_	
	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS			
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	215-64	-9610	Hichael	P. Bray	27	27 Sea	man.	AUR
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OI	1 he	ENCE OF THE DEATH BUT BATE	PLAND NOT RELATED TO THE TERM TIN TO WAS PERFORMED	TO AUTOPSY?	20b. IF YI	ES, WERE FINDIN	NGS USED	
ZIE						YES NO		IFYING CAUSES YES []	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			216 LOCATION STREET	CITY OR	TOWN	COUNTY	ST	TATE
1	220 I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no	7-7	19	\$5.0	nd that in (my) (our) apinion	to 7 7 death occurred on the	dote and ha	our and from the		
E	226 SIGNATURE	Pel	2Vé	1		MEDICAL ST	TAFF SICIAN	7 DATE	SIGNED 85	
N	220 PHYSICIAN'S NAME (TYPE		ollier,	Wo	3001 S.	HANOVE	L 50			
	BURIAL, CREMATION, REMOVAL BURIAL	7/15,			emetery or crematory Mem. Pk.	23d LOCATION Baltin	nore	Co., Mo	3. St	ATE
24 F	UNERAL DIRECTOR				25a DA	TE REC'D. BY REGISTRA	AR 25h REGIS	STRAR'S SIGNAT	URE	
	Wm C March F	/H 1	101 E	North	AVE. II	11 1 () 1095	1.00	Fairiday &	0	

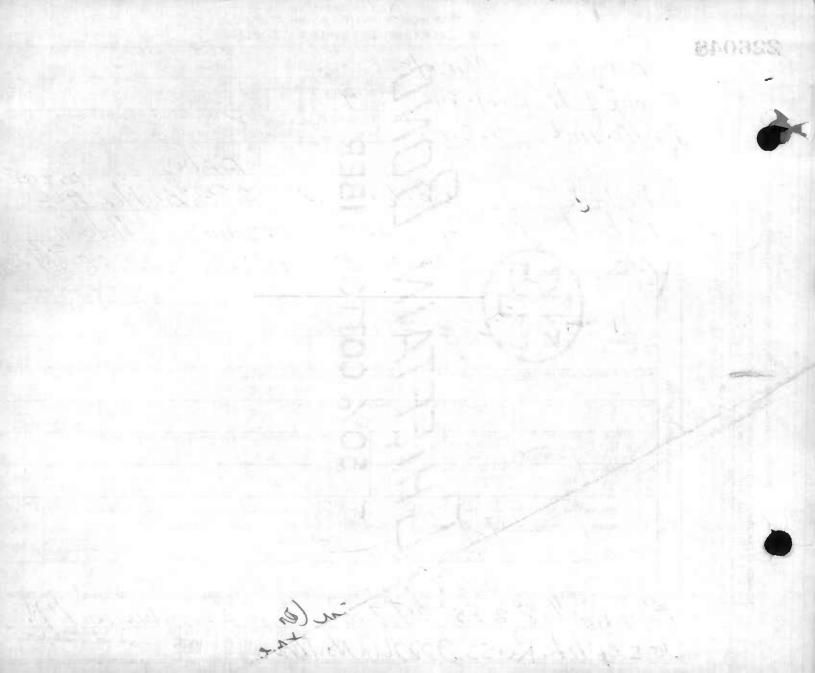
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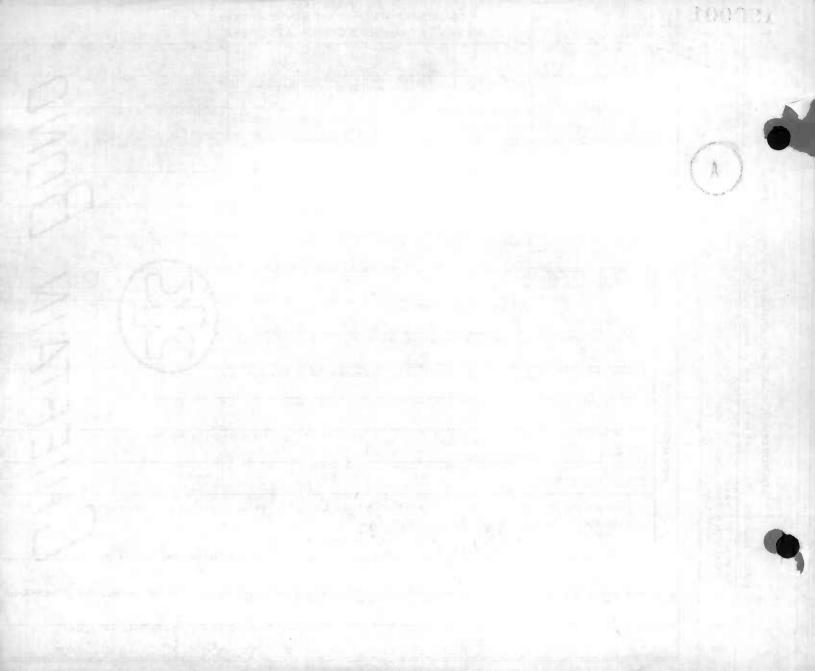
	1	FOR		DEPARTMENT OF H	EALTH AND MENTA	AL HYGIENE			
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28 of 4/12 =	{146	Dabu- Monica	1	icale	Grav	OF ESTI	D 0 7	30 19 85	7
- ACHOR	3. SEX	MACE	5 DATE OF BIRTH	6. AGE (IN YEAR	S IF UNDER 1 YR. IF UN	IDER 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d	d HOUR
N S S S S S S S S S S S S S S S S S S S	-	emplo Anti	MONTH DAY	YEAR LAST BIRTHDAY	MOOK.		~	19	:117
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発言はよう	0	9/10/11/01	(1)			ORCED Baltimo	ore City	I KINID OF BUSE	MD.
完里及音道//	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)		12a. USUAL OCCUPATION		OR INDUSTRY	1E22
30236	4	Baltimore		athland Aver		AAOG			-
E 202302	13a_S1	L RESIDENCE OF IN NURSING HOME O		130 PTY OR TOWN	T3d. INSIDE CLTY LIMIT	IS? IS ATRICE ADDRESS	, 11	2/2	0
日 名圣斯克斯	11	Pryland		10A/10.	YES NO	0350	celler	EHUC	
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m 33531)	Koberl	N.	TRAG J	e. 100	NZOLIA	110	den	
1 3 3 7		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECURITY	NO. 17. INFORMANT	. / API	DRESS	211	43
SIGN ISSO		S, NO OK BIAKAOWA) (IF YES, GIVE Y	WAR OR OATES	None	1)0017	alia Haldo	13835	Bechl	CA
SW G		18 CAUSE OF DEATH (Enter onl	y one couse per line		14 71	1.	1005-	APPROXIMATE INT	ERVAL
NE SERVE		DADT I DEATH WAS CALLEED	DV		Myocardid Death Syndro	tlS		BETWEEN ONSET AN	DDEATH
SECESS SECESS		IMMEDIAI		AS A CONSEQUENCE OF		JIIC			
SESSES S		Conditions, if any, which							
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24 8 4 8 2 2 4 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		lying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF					
3525			(c)					1	
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(カンタスリー)	CERTIFICATION				the board and the				
一 世 の 山 々 /	IC.A	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPSY?	
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TING THE WORL WED TO THE CH 3 SHOULD BE U DEPARTMENT OF 1 PRICE TO BUR!		210. EXTERNAL CAUSE WAS	17 TIME OF	MONTH DAY YEAR	21c. HOW INJURY OCCL	URRED LENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PAR	(T 2)	
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DEP DEP	MEDICAL	21d INJURY OCCURRED		OF INJURY (AT HOME,	711 LOCATION STREET	CITY OF TOWN	COU	INITY	STATE
15 H S	2	AT WORK AT WORK]	OKT, FARM, ETC.)	JIKEET	CITYORTOWN	COU	NIT	STATE
PW PW Br PA			6 sh	ariba da barra 1 1 1	Autopsy X Inspe				
SEOTA		220. I certify that I took charge	TW.	A		ection . Inquiry .	ond in my opi	nion	
E SE		death resulted from Noture	ol couses	Accident . Suic		Undetermined monner	□.		
CERT DIRE L DIRE L WIT		ACTUAL ON DO	WOX	in the Mai	TITLE (SPECIFY	L	DATE	7/20/05	
EKAKE T	1	SIGNATURE/ VCL	118/1	ng nin	M.D. Assista	ant_medical examiner	SIGNET	7/30/85	
ECUTE THE COSE 4 SHOULD FUNERAL DE PEATH, CALMORE, M.	/	EXAMINER'S NAME	Daniel D	0-6-12		131 Dawn Cl	D-11- 14		
PAGE AND		(TYPE OR PRINT)	Dennis F	. Smyth, M.I		111 Penn St.	Balto.M	D. (
INTERE	73a.ly	CREMATION, REMOVAC 2	DATE	AL NAME OF SEM	TERY OR CREMATO	THE LOCATION	COUNT	2 Man	1
	1	JULIENTY!	8-2-8	2 111/6	-100 (E)	n LAM50	July.	e 11 L	3
HMH - 17	74. F	INERAL DIRECTOR NAME	AODRESS	04061	1 - 175p. DA	ATEREC'D. BY REGISTRAR 256	REGISTRARISSI	GNATURE Pande	22
ME (5)) ~	1	osephh.	NUSS	222711	1. NOW NOTE	E AUG 9, 1985	d'		

STATE OF MARYLAND

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STATE OF MARYLAND 190001 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR OF ESTI-I DECEASED NAME (TYPE OR PRINT) William DEATH MATED Henry Jr. Grav 19 6 AGE (IN YEARS | IF UNDER 1 YR. SEX TIF UNDER 24 HRS. 26. DATE 2d HOUR 3:15 LAST BIRTHDAY) PRONOLINCED DEAD 85 14 Male Black Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XIX FOREIGN COUNTRY) U.S.A. Maryland WIDOWED [DIVORCED Baltimore City BUCITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY University Hospital Baltimore WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21216 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Baltimore Maryland N. Dukeland Street YES X NO 1704 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gray, Sr. Ada Lvles 16b. SOCIAL SECURITY NO. 17 INFORMANT TYES NO OF LINKNOWNS 219-82-4678 Ada Gray 1704 N. Dukeland Street NO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) HIEF MEULOS, LOSED AS A BURIAL - TRANSIT PERMINED OF HEALTH AND MENTAL HYGENE. PART I DEATH WAS CAUSED BY Gunshot Wound of Head (unspecified) IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION FORWARDED TO THE WORD THE WORD THE WORD THE CHIEF AND THE CHIEF AND THE CHIEF AND THE CHIEF AND THE STATE DEPARTMENT OF HE STATE DEPARTMENT OF HE AND 21201 PRIQR TO BURIAL, 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? (head only 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 11:00 PM 6-30 19 85 subject was shot 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE street 1345 Poplar Grove St., BAlto., Md. Autopsy XX 22a I certify that I took charge of the remains pour Inspection and in my opinian Hamicide XX Undetermined monner Natural cause TITLE (SPECIFY) Assistant MEDICAL EXAMINER PAGE A EXAMINER'S NAME Dennis F. Smyth, M.D. 21201 111 Penn St., Balto., Md. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATOR BURTAL 7/8/85 Eastview Memorial Pk. Baltimore, Md. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 1101 E. North Avenu William C. March F/H



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MPORTANT

MEDICAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY
CERTIFICATE OF BEATH

			STAIL OF MARKIE	Pilip			
	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND CERTIFICATE OF		8 R. NO.	193	21
8	I. DECEASED NOAE FIRST	MIDDLE	LAST	2a. DA	TE OF DEATH MONTE	H DAY YEAR	26 HOUR 4
	Nev. J.	OHN GR	PEEN	.77777	V 9 1985		7.002 M
	MALE	4. RACE BLACK	S. DATE OF BIRTH MONTH FEBRUARY	6. AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	FUNDER 24 HRS
7	SOUTH CAROLINA	7b CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot A \cdot$	MARRIED NEVER	MARRIED -	TIMORECITY <u>OR</u> CO Baltimore	UNTY OF DEATH City	MD.
8	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Maryland Gene	ral Hospita	ITM 9	UAL OCCUPATION NTSTER WORK	(ING LIFE) 12b. KIND OI	F BUSINESS OR CHURCH
5	USUAL RESIDENCE (18 NURSING HOME OR 130 STATE 13b. COUN NARY LAND			CITY LIMITS? 13. STE	REET ADDRESS ZIP	ALTIMORE	STREE
	REV. FIRST EDWARD	MIDDLE LAST GRE		S MAIDEN NAME LLIE	WIDDLE	$GR\hat{E}$	EN
	160. WAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES) 220-03-		CATHERIN	TE EPPS A	28 NORTH	OCEAN
	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line for (a), (b), and	d (c·.)			APPROXIM BETWEEN O	MATE INTERVAL
		E CAUSE (a) Malnutr	ition			2 mc	onths
		DUE TO, OR AS A CONSEQUE	NCE OF				
	Conditions, if any, which gave rise to immediate	(b) Dementi	a			4 m	onths
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE					
	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDITIO	N GIVEN IN PART 110	
7	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED 20a		IF YES, WERE FINDIN	

YES [

ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE

July 8, 85 July 85 22a.1 certify that X (this hospital) attended the deceased from 9 saw the deceased alive ar and that in (mg) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

TAN c/o Maryland General

LIAM 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

BURIAL CITY OR TOWN COUNTY 985 ARBUTUS MEM. BALTIMORE 24 FUNERAL DIRECTOR

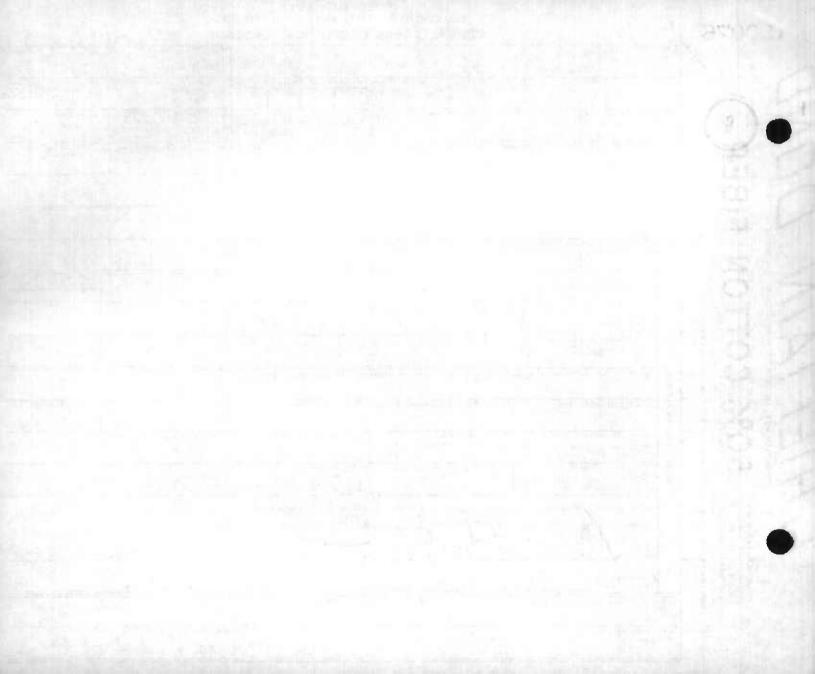
DHMH - 16 60M 7/84 LEROY O. DYETT & SON 4600 LIB (VRA 15, 4) HGHTS

STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 190076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWNX (TYPE OR PRINT) OF ESTI-Kenneth Green DEATH MATED 2 19 85 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED 2:37A DEAD Male Black 34 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED [DIVORCED Maryland O CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Johns Hopkins Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 21213 130. STATE 13b. COUNTY 13d INSIDE CITY LIMITS 13e STREET ADDRESS Baltimore 1908 E. Lafavette Avenue Maryland YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE HEnry Green McConnell Herlease 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES YES 212-58-3448 Henry Green 1908 F Lafayette Stre 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wounds of abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION BE USED NI OF HE BURIAL, C 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE STATES CECUTE THE CERTIFICATE, WORDED FAGE 4 SHOULD BE FORWARDED TO THE CHIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES X NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 1 10 85 Subject shot 21e PLACE OF INJURY (AT HOME 21E LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK street 1900 Blk. Castle St. Baltimore City, MD. Autopsy X 220. I certify that thook charge of the remains described above, held an Inspection and in my opinion Homicide X. Suicide Undetermined manner TITLE (SPECIFY) M.D Assistant MEDICAL EXAMINER 7/2/85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATOR 23d LOCATION STATE BURIAL 7/8/85 Garrison Forest Veteran Owings Mills, Md. 07/B4 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - T7 (VR A15 ME (5)) William C. March F/H 1101 E. North Ave.

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR OF NO DECEASED NAME MIDDRE 7s DATE OF DEATH WITHIELD Th. HOUR (THE CROSSING If United the same FUNDER TABLET 4 RACE I. DATE OF BIRTH A AGE INVIDED LIST BRIDGE 3-5EX 25.66 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Ze. BIRTHPLACE CATALL OF FOREIGN MARRED LI NEVER MARRIED COUNTRY WIDOWED DIVORCED E CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 7a USUAL OCCUPATION 176 KIND OF BUSINESS OR FOR NOT IN SUCH FACILITY, GIVE STREET ADDRESS. THRE OF WORL FOR MOST OF WORLING LIFE. Disphilips 1 com SUAL RESIDENCE OF HURSING HOME OF OTHER INSTITUTION, DAY RESIDENCE BEFORE ADMISSIONS NJ COUNTY 13: CITY OR TOWN 124 INSIDE CITY LIMITS? 134 STREET ADDRESS / ZIP CODE 7355 Fumere Branch NO W IS MOTHER'S MAIDEN NAME M. FATHER'S NAME MIDDLE ANDOSE dimmis annes 16st WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO 17. INFORMANT IVES BODE UNENOWNO I SHIFT GOT WAR OF DATES. 13. CAUSE OF DEATH (Enter only one course per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IIII. DUE TO OR AS A CONSEQUEN Conditions, if any, which gave rise to immediate cause in stating the DUE TO, OR AS A CONSEQUENCE OF underlying course NUMBER OF TO SEATH IN THE SELECTION OF THE SERVING DISEASE OR CONDITION GIVEN IN PART TO PART 2. OTHER SIGNIFICANT 206 IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSYT THE DATE OF CHERATION IN CERTIFYING CAUSES OF DEATH? NO YES T NO IT THE ACCIDENT WAS UNDERLYING TO 216 TIME OF INJURY THE HOW INJURY OCCURRED. (SHITE HARLING OF PAULET IN THE SE PART) OF PART IT HOUR A.M. MONTH DAY YEAR DE CONTERUTING [] CAUSE OF DEATH OF ETHER NOTIFY WITH ALTERNATIO P.M 10 211 LOCATION 214 INJURY OCCURRED 21 PLACE OF INJURY CITY ON TOWN COUNTY LIBERT STATE INT HOME STREET, FACTORY, OFFICE, FARM, ETC. 1 SUCH WHEEL AT WORK 17s.1 certify that (I) (this haspital) attended/the deceased from that (ii) (we) last 0 saw the deceased alive and that in (my) (our) apinion death occurred on the date and how and from the course stated above, (It (we) (ad) (did 776 SIGNATURE DEGREE MEDICAL * ATTENDING FUNERAL vid be deto PHYSICIAN DIRECTOR | PHYSICIAN 224 PHYSICIAN'S NAME TITE OF PRINCIPALITY 22s. ADDRESS THE NAME OF CEMETERY OR CREMATORY 73s. BUBIATS CREMATION, FEMILY AL 23d LOCATION 736 DATE

DHMH - 16 50M 4/83 (VRA 15, 4) With Reservices Son-Closess appalin Ind

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

wenny

1111 20 1985 Gista Deviden - Rondale

SMOCES

injury, or other troumotic event,

STATE OF MARYL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

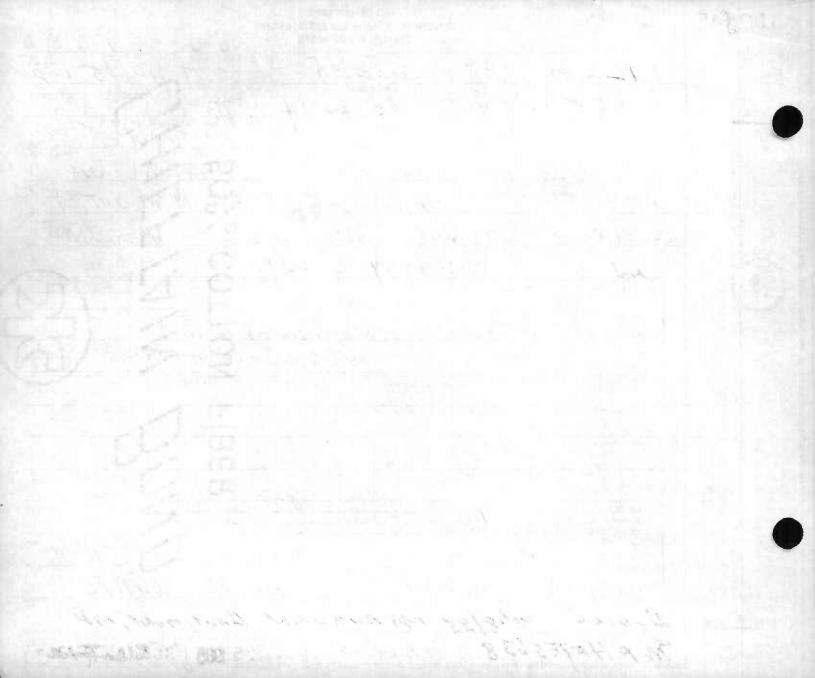
4	FOR	DEPARTMENT OF H	EALTH AND MENTAL HYGIS	ENE	
1.	REGISTRAR		ICATE OF DEATH	8 RECONO.	19330
1. DE	CEASED NAME FIRST	A. GA	EEN	20. DATE OF DEATH MONTH	14/35 1 PM
3. SE	FEMPE	BLACK SONIE	DE BIRTH DAY YEAR 4		MONTHS DAYS HOURS MIN.
	COUNTRY	CITIZEN OF WHAT COUNTRY? 8 MARRIEL WIDOWE	DIVORCED [9 BALTIMORE CITY OR COU	nole(179 MD.
10 9	DRIMORE	1. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG HEE INDUSTRY
	AL RESIDENCE (IF NURSING HOME OR O STATE 13b 2 OUNT	VITHER INSTITUTION GIVE RESIDENCÉ BEFORE ADMISSION) Y 13 CITY OR TOWN	YES NO	579 N	100 8UNT ST.
14 F/	SECRSE MI	ThonAS	15. MOTHER'S MAIDEN NAM	MIDDLE	ROBINSON
		ied forces? 166 social security no. 212.14-899	7 ChARI	ADDRESS	
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	1/8/.4 / // / / / / / / / / / / /	8 assfthme		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) HAPENSENSE DUE TO, OR AS A CONSEQUENCE OF (c)	andoroseul.	of diseas!	rolly
NOI	PART 2. OTHER SIGNIFICANT CO	DNDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION	NOWEN IN PART 110
CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	n was performed		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	H 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITE	M TS PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat)	view the bady after death.		eath accurred an the date and	d hour and from the causes stated
	22d PHYSICIAL AME	Moglifoli M.P.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/14/89
	HOMAYOON	MUGHBELI	BON SE	LOURS M	OSPITAL
23a.	BURIAL, CREMATION, REMOVAL	MILE CA NAME OF C	EMETERY OF CREMATORY	23d. LOCATION	STATE COUNTY NO STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wine HAYES 638

BP.

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



The later to by the funeral director, page 3

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE PEGISTRAP	CERTIFICATE OF DEATH

Leroy Q. Dyett 4600 Lib. ADHights. Ave.

	GISTRAR		CERTIF		G. NO.	1 7 0 0
I DECEAS	SED NAME FIRST	WIDDLE		ASI	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
	Samuel	L.	Gree	en	7	7 5 85
3 SEX	Male	4 RACE Black	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS M
COUNT		76 CITIZEN OF WHAT COUNTRY	MARRIE	□ NEVER MARRIED □	9 BALTIMORE CITY OR	COUNTY OF DEATH
	y Land PR TOWN OF DEATH	U.S.A.	WIDOWE SING HOME C		Baltimor	
	timore	(IF NOY IN SUCH FACILITY, GIVE STRE 4613 Wallington	n Ave.	Apt B-2	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY N/A
Mary Mary	yland 36 COUNTY		NWN	136 INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 4613 Wall:	ington Ave. #B
	r's NAME FIRST seph	MDDLE Lewis		15. MOTHER'S MAIDEN NA/	MIDDLE	Lewis
	DECEASED EVER IN U.S. AR	F WAR OR DATES!		Ms. Gwend	ADDRESS Olyn Green	Dead
18 C	PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), on DBY TE CAUSE (0) RESPIR	Y INSUFF	ICIENCY	BETWEEN ONSET AND DEA	
Co	nditions, if ony, which	(b) SISVED	2 1 1			
go cou und PAR	ve rise to immediate use (a), stating the derlying couse lost	DUE TO, OR AS A CONSEO	DUENCE OF		HYPOXIA	ION GIVEN IN PART 110
go cou und PAR	use (o), stating the derlying couse lost	DUE TO, OR AS A CONSEO	O DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDIT	Ob. 1F YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
PAR	use (0), stating the derlying couse lost	DUE TO, OR AS A CONSEO (c) 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
PAR PAR 19a (DATE OF OPERATION ACUPEN WAS UNDERLYING CONTRIBUTION CAUSE OF DEAL CONTRIBUTION CO	DUE TO, OR AS A CONSEO (c) 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NITEM 18 PART LORPART 2)
MEDICAL CERTIFICATION N 10 10 10 10 10 10 10 10 10 10 10 10 10	ACUPEN WAS UNDERLYING CONTRIBUTION CAUSE OF DEATH NOT WHILE CONTRIBUTION CONTRIBUTI	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	DUENCE OF D DEATH BUT TH OPERATION DAY YEAR 19 E FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 211 LOCATION STREET , 19	200 AUTOPSY? 2 YES NO ED (ENTER NATURE OF INJURY IF	0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE , 19 , that (I) (we)
MEDICAL CERTIFICATION	AS CUPEN WAS UNDERLYING CONTRIBUTION CASE OF DEFATION ASCIPEN WAS UNDERLYING CONTRIBUTION CAUSE OF DEAL CONTRIBUTION CONT	DUE TO, OR AS A CONSEO (c) 19b CONDITION FOR WHICE 19b CONDITION FOR WHICE 11b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE (tol) ottended the deceosed from 11 view the body ofter depth.	DUENCE OF D DEATH BUT TH OPERATION DAY YEAR 19 E FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 211 LOCATION 518661 19 d that in (my) (our) opinion of the control of the control opinion	200 AUTOPSY? 2 YES NO ED (ENTER NATURE OF INJURY IF	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NITEM 18 PART LORPART 2) COUNTY STATE 19 that (1) (we) and hour and from the couses stated
MEDICAL CERTIFICATION AMEDICAL CERTIFICATION AMEDICA	DATE OF OPERATION ACUPEN WAS UNDERLYING CONTRIBUTION ACUPEN WAS UNDERLYING CONTRIBUTION ACUPEN WAS UNDERLYING CONTRIBUTION CAUSE OF DEAL CAUSE	DUE TO, OR AS A CONSEO (c) 19b. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE tol) ottended the deceosed from (1) view the body ofter depth.	DUENCE OF DO DEATH BUT TH OPERATION DAY YEAR 19 E FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l LOCATION STREET 19 d that in (my) (our) opinion of PHYSICIAN PHYSICIAN 22e. ADDRESS 22e. ADDRESS 22a. ADDRESS	200 AUTOPSY? YES NOW ED (ENTER NATURE OF INJURY R CITY OR TOWN 10. MEDICAL STAFF DIRECTOR PHYSICIAL MEDICAL PHYSICIAL	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 that (I) (we) and hour and from the causes stated 22c DATE SIGNED
MEDICAL CERTIFICATION AMEDICAL CERTIFICATION AMEDICA	DATE OF OPERATION ACUPEN WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTIO	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 10c. CONDITIO	DAY YEAR 19 E FARM, ETC) I NAME OF CE	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 211 LOCATION STREET , 19 d that in (my) (our) opinion of the company opinion of the company of the com	200 AUTOPSY? YES NO PROPERTY OF INJURY R CITY OR TOWN A TO PHYSICIAL MEDICAL STAFF DIRECTOR PHYSICIAL AND	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NITEM 18 PART 1 OR PART 2) COUNTY STAT ON HOT ON HOR COUSES STOLE 224 DATE SIGNED 7 5 85

6 1985

DHMH-16 50M 1/81 (VRA 15, 4)

retained by the hospital TO HOSPITAL

BP.

TO FUNERAL DIRECTOR, After the certifications been varied by the other should be detached for use or the busin from a permit Then please vernow with the Store Dept. of Health and Maintal Figures prior to busine, community

IMPORTANT after 21 ambred or the 18 shows on

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o dalwinere Constanty tales, Mi.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 218022 REGISTRAR I. DECEASED NAME M DATE KNOWN IX (TYPE OR PRINT) ESTI-DEATH MATED 30 19 85 Anne Greenbeck 2d HOUR 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 10 A 11-6-1914 70 emale White DEAD 30 1985 JO. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Balto., USA MD WIDOWED X DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Clerk Retired PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS 2036 Ellsworth Avenue Baltimore 13a STATE MD 13b COUNTY 2036 Ellsworth St. 21213 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE JAL EXAMINER ALONG WITH FORM PM BURIAL TRANSIT PERMIT, PAGES 1 AND AND MENTAL HYGIENE, DIVISION OF VIT ATION, OR REMOVAL. George Watkins Walz Anna 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS NO OR UNKNOWN) 212-26-1012 Madeline A. Jones, 5010 Kenwood Av. Baltimore, MD 21206 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION INER: THIS CENT.
ICATE, WRITING THE WURE
FORWARDED TO THE CHIEF ME
TOR: PAGE 3 SHOULD BE USED AS
TOR: PAGE 3 SHOULD BE USED AS
TORS. PAGE 3 SHOULD BE USED AS
TORS. PAGE 3 SHOULD BE USED AS
TORS. PAGE 3 SHOULD BE USED AS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STANDARY, AMEN'LAND, 2 220. I certify that Moak charge of the remains described above, held an Inquiry Autapsy Inspection and in my apinian death resulted from Hamicide Undetermined manner Natural causes TITLE (SPECIFY) 7/30/85 SIGNATURE EXAMINER'S NAME 111 Penn St. Balto.MD. Dennis F. Smyth, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 8-2-85 Balto. Holy Redeemer MD. BP 07/84 25M Tonn C. Miller, In Appres 6415 Belair Rd. 21206 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO., MD

JULY 31, 199

HOWAr 23a BURIAL, CREMATION, REMOVAL

REMOVAL/BURIAL

BETH MOSES

23c NAME OF CEMETERY OR CREMATORY

FARMINGDALE, SAR 254 RECUMBER SSIGNATOR

23d LOCATION

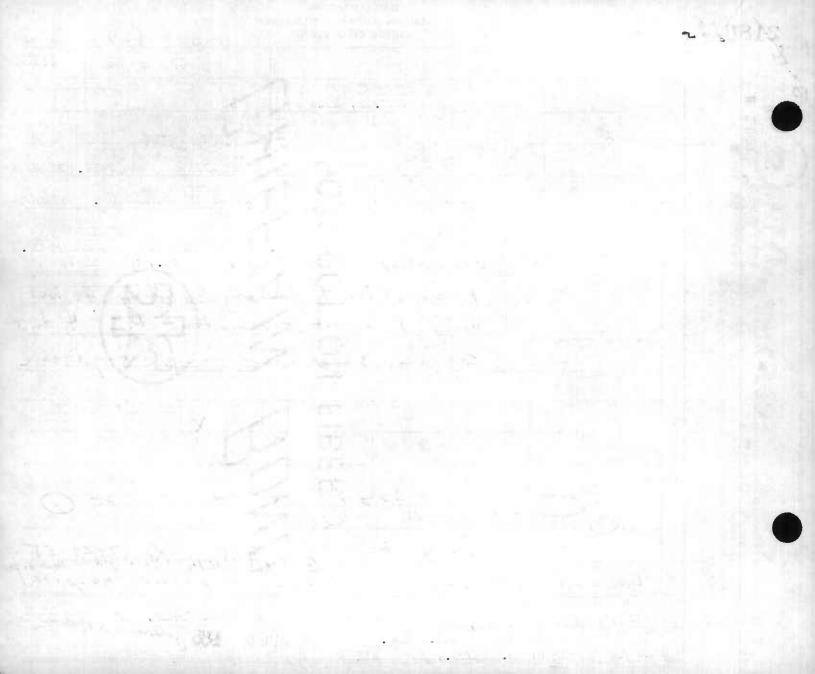
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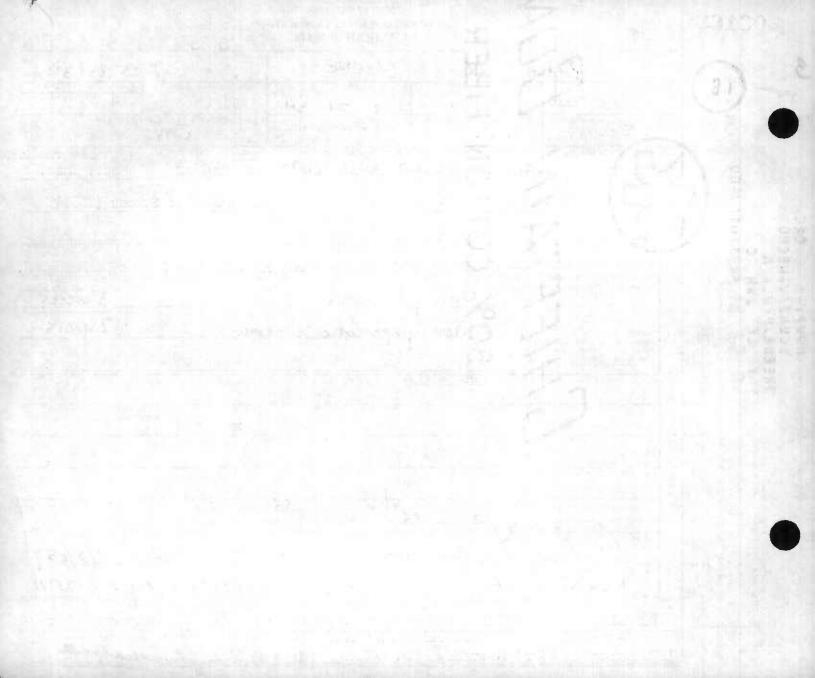
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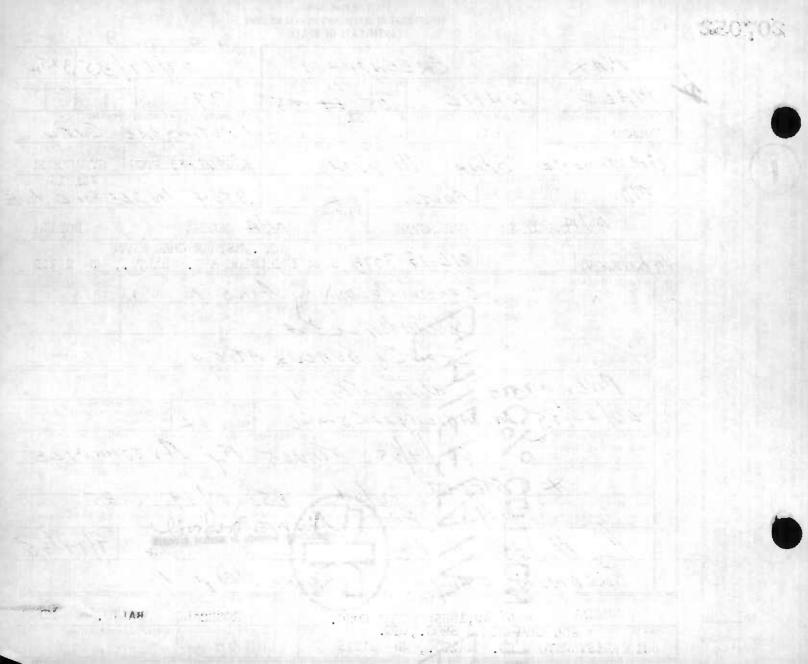
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Sykesville, MD

DHMH - 16 60M 7/84

(VRA 15, 4)

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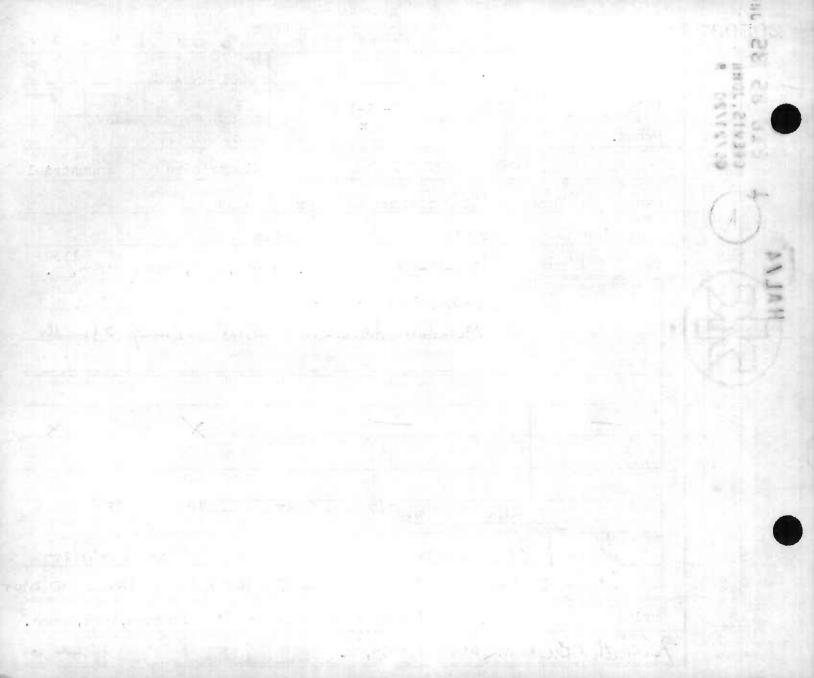
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	RED NO.	9001
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
JOHN	W.	GREVIS	July 13, 1985	1:48
SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
Male	White	5-21-1920	65 YRS.	WING DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	F DEATH M
ALTIMORE	JOHNS"HOPKTI	URSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OF INDUSTRY
PENNS YOU	NTY 130 CITY OR		13e.STREET ADDRESS / ZIP CODE RD#3	9999
father's NAME Stanley	MIDDLE Grevis		MIDDLE	LAST
WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT 4-4443 Ruth J. G	ADDRESS revis,RD#3,Stewar	
18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSE	nly ane couse per line far (a), (t	o), and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT		G TO DEATH BUT NOT RELATED TO THE TEI		VERE FINDINGS USED
_			YES NO YES	NG CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE UNE EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED		DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART	T I OR PART 2)
21d INJURY OCCURRED NOT WHILE AT WORK	PLACE OF INJURY	FFICE FARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	of the view the body alter death.	.19, and that in (my) (aur) apinio	to 7113 19	
226. SIGNATURE	Human +	DEGREE ATTENDING PHYSICIAN		7/13/85
22d, PHYSICIAN'S NAME (14PE	I Sherman		ins Hospital - Ba	Ulimore MD 2
BURIAL, CREMATION, REMOVAL BUFFIAL	7/16/85	Stewartstown Ceme	tery Stewartstow	
FUNERAL DIRECTOR		17363 250.0	ATE REC'D. BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE



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MA	U	U		V	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE									13	
	REGISTRAR					ICATE OF DEATH	B REG. NO	9 3 3 3			
		CEASED NAME FIRST	MIDDLI	E	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2h HOUF	2
	1	GEOR				RICE		/	20 00	//	M
D	S. SE	X .	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS	MIN.
5	1	Male White				. 10,1906	19	YRS.			
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	TY OF DEATH		
1		Maryland	U.S.A.		WIDOWED DIVORCED		BALTIMORE	CTTV	7	1.00	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS C				SS OR
1	BA	ALTIMORE	UNION	MEMORIA	AL HOSPITAL		Sales		Insur	Insurance	
19	13n S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	71P COI	DE		
		45000		owson		YES A NO	902 Dulane			212	.04
1	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS1		
6		Louis	М.	Grice		Anna	Mary			ger	
5		VAS DECEASED EVER IN U.S. AF		SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRE	SS			
da	(Y	res, no or unknown) (1F yes, gi	ve war or dates)	4-03-300	05	Mrs. G.L.Gric	e 902 Dulan	ey V	alley Ct	. 21	204
		18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and Ici								MATE INTERV	VAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest									
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if ony, which	El tom and it								
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								35.71	
		underlying couse lost. (c) Chiponic Ranal failure Congestive heart Failure									
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
	CERTIFICATION	2-0	r	Liter	rial	Endocarditi					
1	CAT	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN		
_	E	<u> </u>					YES NO	YES [
1	Ü	210. ACCIDENT WAS UNDERLYING	11.000.00		YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TE	B PART (OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	AID -	MOITH DAT	19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET				CITY OR TO	WN	COUNTY		TATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, P								
		22a. I certify that (I) (this hasp							. 19	that (I) (w	ve) lost
		sow the deceased olive on							our and from the	ouses sto	ted
	81	776. SIGNATURE DEGREE 22c. DATE SIC								SIGNED	110
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA							85		
		THE PHYSICIAN'S NAME IT YOU	OR PRIDE)			220 ADDRESS U MIVE	rsity Hos	spi >	191		
		17	rucH	45		22	s Freen	57	Ba 1+	21	105
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	-	ATE
	L '	Burial	8-2-85	Du	lane	y Valley	Timonium E	alti		vlan	d

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove corbanapse with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is morked or them 18 shows ony

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212 250. DATE REC'D. BY REGISTRAN BEGANNIA AUG 6

Smiles are la compa ella escella de 1815 de la favers ella escella de 1816 de

207028 tely filled in by the 2 should be filed wi PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND

1.	FOR - STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYC	GIENE	o.	9 3	3	9
	CEASED NAME FIRST	MIDDLE	LAS	ST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	2
	LEE	Thamas	SGR	CICE		7 1	9 85		٨
3 SE	X 4	RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR	IF UNDER 2	
	m	Negro	MONTH 6	- 30 - 16	69	YRS.	ONITS DATS	HOURS	MIN.
		CITIZEN OF WHAT COUNTRY		NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
	COUNTRY)	1.5.A.	WIDOWED		BALTO	. C.	TY		WE
10 C	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	120 USUAL OCCUPATE		176 KIND O	F BUSINES	_
1	SALTO.	931 N. PATTE	R SON	PARK Are	LABOR	F WORKING LIFE	INDUSTRY		
	AL RESIDENCE (IF NURSING HOME OR OT STATE			13d INSIDE CITY LIMITS? YES OF NO [13e STREET ADDRESS	ZIP CODE ATTO	son 1	2120 ARK	5/
14 F.	ATHER'S NAME	u.J.		15 MOTHER'S MAIDEN NA		, // = 10	20.11	7.101	
	Tom MID	GRICE		EIIA	WIDDLE	m	CNie	20	
	WAS DECEASED EVER IN U.S. ARME		CURITY NO	17 INFORMANT	ADDRE	SS	# 2	1005	
1	(YES, NO, OR UNKNOWN) (IF YES GIVE W	VAR OR DATES) 248 -16	-6778	MATTIE	GRice 9	31 PA	TTCASI	10P	KA
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE (BY: Oaldio	Bulm	onanjane	ut		APPROXI BETWEEN	MATE INTERV	/AL HTA3C
	Conditions, if any, which	DUE TO, OR ASIA CONSEQ	1 .	N. Carlotte					
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS IN CONSEQ	LU NE	nal fail	und				
NOI	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	0	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES		
EDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT I OR PART 2)		
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STA	ATE
	22a.1 certify that (1) (this hospital)	ottended the deceased from	- Jan	19 83	to	1111	, 25	that (I) (w	e) lost

saw the deceased alive on above. (1) live) (did did not) view the bady after death. 226 SIGNATURE

230 BURIAL, CREMATION, REMOVAL

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

221 DATE SIGNED

224. PHYSICIAN'S NAME

236 DATE

22e ADDRESS NO

23c NAME OF CEMETERY OR CREMATORY

ALLTO COUNTY

F/H 1129 N. CAROLINE ST.

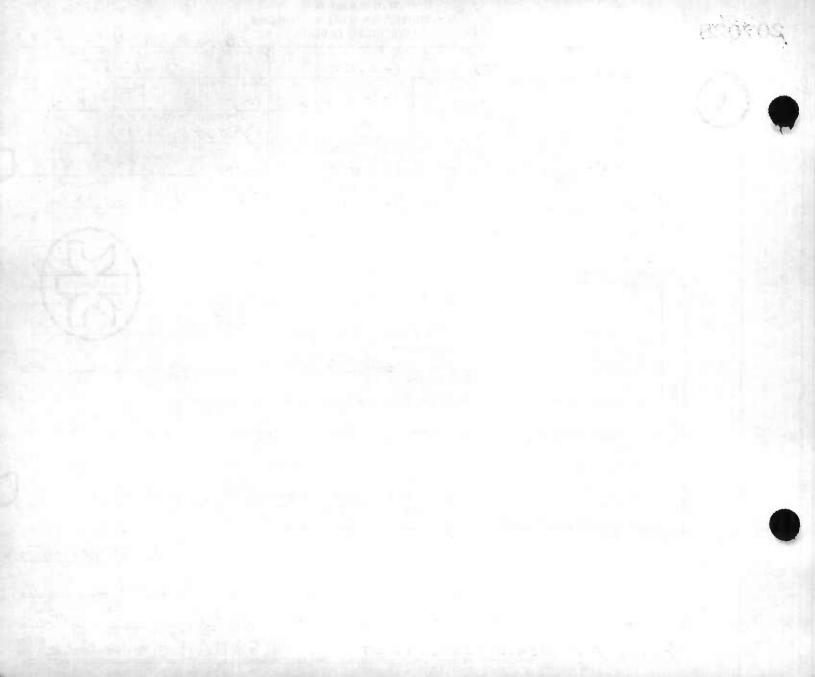
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

certificate has be

orked or Item 18 sh

should be detached for use as with the State Dept of Health IMPORTANT: If them 21 is mor TO FUNERAL DIRECTOR.



(VRA 15, 4)

2	14124	1	FOR	DEPAR		E OF MARYLAND EALTH AND MENTAL HYO	GIENE		
~	H	L	REGISTRAR			ICATE OF DEATH	8 RO.N	o. 19	5 4 0
7	7 / == \$ \frac{1}{2}		CEASED NAME FIRST OR PRINT)	MIDDLE		AST TAL		MONTH DAY YEAR	The state of the s
o yo	a de a	3 SE	MELVIN	L AMARE	GRIFF		JULY 26, 19		5:47 M
E 4	o o o o o o o o o o o o o o o o o o o	3 25			MONTH		26	MONTHS DA	
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eoth.	22.50		OUNTRY) MD	USA	WIDOWE	DIO DIVORCED	BALTIMORE	CITY	MD.
s ofter d		В	TY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE THE JOHNS HOPK]	ING HOME C ET ADDRESS!	OR OTHER INSTITUTION	12a USUAL OCCUPATI		O OF BUSINESS OR
n 24 hour	E 0 E	130. 5	MD 131/COUN	diamonitution give residence before to Balti	WN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS A	ZIP CODE Ave.	21215
with	Unite)	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	MIDDLE	D	LAST
uted	STOO	I An V	Melvin VAS DECEASED EVER IN U.S. AR	C. Griffin MED FORCES? 166. SOCIAL SE	CLIPITY NO	Catherine	ADDRE	Dorsey	
exec	Poged medic			212-70		Melvin C. G			ve.
quires that the death certifica	signed by the attending physhen please carbon political. We applied to build. We applied to a property, or after tradmotic eventy.	N.O.	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.		MENCE OF	nmino Defo	COLCOSUS SYN MINAL DISEASE OR CON	drone 6	days monthy
he taw re	has been t permit. Iene prior ows ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	
HYSICIAN: T	iding physici is certificate burial-transi Mental Hygi ar frem 18 sh	MEDICAL CER	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P.M. 216 PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		STATE
0	s the s the nond	M	WHILE NOT WHILE THE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
OR ATTENDIN	the hospital or AL DRECTOR: After the Dept. of Health It. If them 21 is mo			tal) attended the deceosed from 2 19	8500	nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAI	22c DA	TE SIGNED
O HOSPITAL	TO FUNERAL should be determined by the Stote with the Stote		Matthew	Holland	IVI	PHYSICIAN [220 ADDRESS Johns Hooks	hy Hospital	Balto, MO	Z1205
		230. 8	Cremation, REMOVAL Cremation	7/29/85 23	Vestvie	EMETERY OR CREMATORY	Baltimor	e ©o:	MDATE
13:	3P		UNERAL DIRECTOR	1.727,05			TE REC D. BY REGISTRAR		ATURE
DH	VRA 15 4)		n. T. March F/H	1101 E. North	Ave.	J	UL 3 1 1985	. I	- pandell

3	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TCATE OF DEATH	SIENE S G. NO	o. I	9 3	4
	DECEASED NAME TYPE OR PRINT)	than.	-	den	Gir	rillin	20 DATE OF DEATH	MONIH DA	Y YEAR	26 HOUR
3	Male	i.	4 RACE Blac	k	5 DATE O	14 94 94	91		ONTHS DATE	IF UNDER 24 HRS
33 "	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O Baltimor	_		M
16	CITY OR TOWN OF DE. Baltimore		LIF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET TAN HOSPI	ADDRESSI	DR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
35	SUAL RESIDENCE (IF NURS	13b COUN		Baltimor		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 2539 W. N	ZIP CODE Orth A	ve. 21	216
00	Cyrus		MIDDLE	Griff ⁱⁿ	17	15 MOTHER'S MAIDEN NA	WE		ĮAS	iT
1 10	(YENO OR UNKNOWN)		MED FORCES?	227-12-8		Willie Griff	in 2116 Bra		Avenue	
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly ane cause per D BY: E CAUSE (o)	r line for 101, (b), an	A	monery ar	rest		BET WEEN C	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony	, which		R AS A CONSEQUE	ENCE OF	ascuber ac	*			
	couse (o), stating underlying couse	ig the	DUE TO, O	ATTOR >1		erusis,				
		VIFICANT C	onditions co	ONTRIBUTING TO I		NOT RELATED TO THE TERM	116251	DITION GIVE	V IN PART 110	0
9	COPD,	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES	
0	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEA	1111	DE INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PAR	I 1 OR PART 2)	
1	21d. INJURY OCCUR	OLE		OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1)	(this hospit	tal) attended th	ne deceased from_		. 19	, ta			that (1) (we) lost

DEGREE

23E NAME OF CEMETERY OR CREMATORY

King Memorial Park

22e ADDRESS

ATTENDING

BP_____ DHMH - 16 60M 7/84

FUNERAL DIRECTOR

AH-16 60M 7/84

Wm. C. March F/H 1101 E. North Ave.

230 BURIAL, CREMATION, REMOVAL Burial

saw the deceased olive on obove, (1) (we) (did) (did not) view the body ofter death

BHOWRA

7/18/85

250-9 VEREA DO PREGISTE AR 235 REGISTEAR SSIGNATURE

Baltimore

22c. DATE SIGNED

CO.

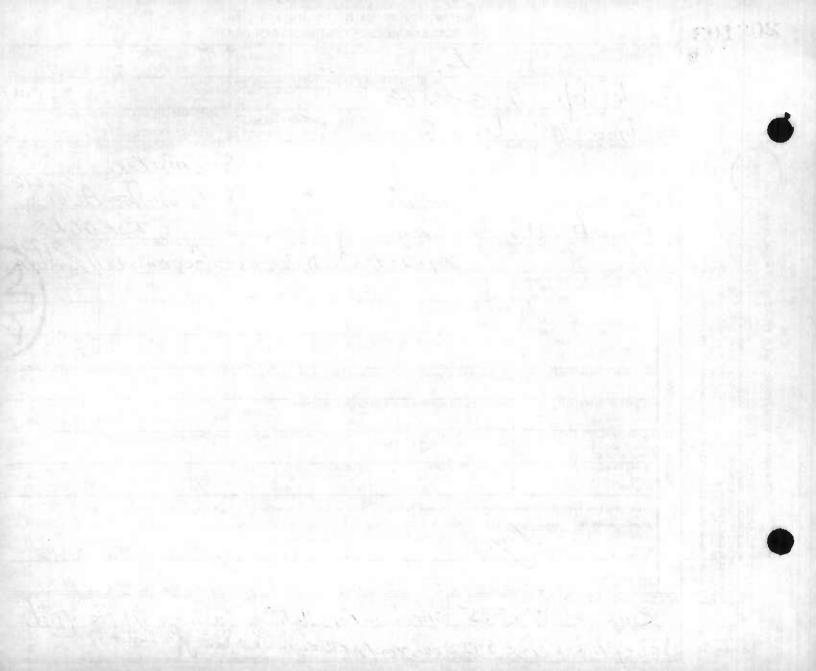
MD STATE

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

MEDICAL STAFF

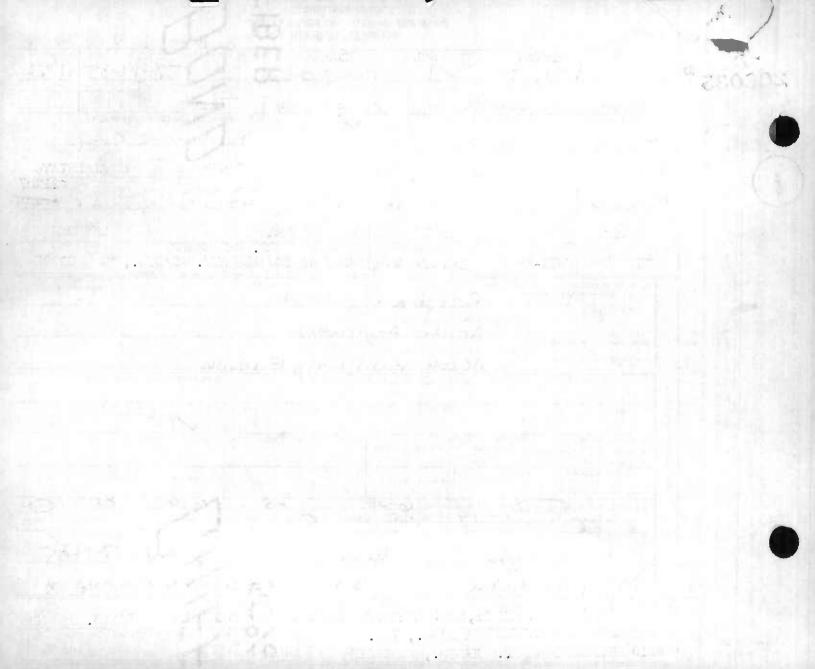
(DEL 16)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST KNOWNXX (TYPE CHEMINE) ESTI-OF DEATH MATED Flora 9 19 85 Grooms 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS. DATE 2d HOUR 8:07 a PRONOUNCED DEAD 9 1985 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED VEVER MARRIED Baltimore City, WIDOWED DIVORCED TT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Provident Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, 1136. COUNTY T3d INSIDE CITY-EIMITS? YES NO 15. MOTHER'S MAIDEN MIDDLE LAST WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2To HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an and in my opinion TO MEDICAL EXAMINE
EXECUTE THE CERTHCL
PAGE 4 SHOULD BE R
TO FUNERAL DIRECTO
AFTER DEATH WITH TH
BALTIMORE, MARYLAR death resulted from Notural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/9/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. Balto.MD. TYPE OR PRINT 230 NAME OF CEMETER 07/B4 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



201 - Cross - 13 5/4 4 Figure 1 Ed at a RE & Hope of the Mary Untrawn Manyland - Balt maps with Buttinger reports assmitted Helphones was work Helphi 817-18-0431 - 111 - 111 - 1240-81-PLO

	STATE OF MARYLAND	
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	REGISTRAR CERTIFICATE OF DEATH	9 3 4 4
	1. DECEASED NAME FRSTSTAH MONTH SOL LAST GROUPP 20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
205035	Islah-Sol (groupe 7-1	19-85 11:324
งก้อลกิว ,	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
s of s	Male White 8 30 08 TO YRS.	
Poor Poor	76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
no 72	NEW YORK USA WIDOWED DIVORCED Baltonoce	CILL MD.
of the for	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
Plant filed	Baltimore Sinai Hoomfall OWNER	REAL ESTATE
g g g	USUAL RESIDENCE IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY 13g. CITY OR TOWN 13d. INSIDE/CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE	#21207
all	Maryland Battomere YES DV NO 1 4005 Borner	the second second
evt.	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
MAR ed w	JULIUS GROUPP ANNA	UNKNOWN
MORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT MRS . FAY GROUPP	MD 21207
BALTIMORE cote be execu ysicion and c opers. Pages wal.	(YEYES UNKNOWN) WWII-ARMY 214-28-3095 4505 SPRINGDALE AVE. BALTO.	
f., BALT physicio npopers movol.	7 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Resorratory Arrest	
PRESTON ST., he death certify he ottending pl emove corbons imotion, or rem	DUE TO, OR AS A CONSEQUENCE OF	
REST deot otter nove otton, troum	Conditions, if ony, which ((b) Acute Asol Cation	Paratisa
	gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF	
thot the thick t	underlying cause lost (c) Acuse Pulmonary Edema	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physicion. After this certificate has been signed to so the buriol-tronsit permit. Then plee the and Mental Hygiene prior to buriol orked or tem 18 shows any injury, or the activity or the activity of the act	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART Ita
ORD red s or to or to	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES IN CERTIFICATION OF THE PROPERTY OF THE PROPER	S, WERE FINDINGS USED
low low	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES	FYING CAUSES OF DEATH?
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A OF VITA SICIAN: T og physicia certificate rial-transit ental Hygi		ART I ON PART 2)
ON OF TYSICIA ding ph ding ph is certifi buriol-t Mentol	OR CONTRIBUTING C CAUSE OF DEATH JE EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (17) HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	
VISION OF PHY Offending of the business of the		COUNTY STATE
DING or offer olith o	220.1 certify that (1) (to hospital) altended the deceased from	19_85 , that (I) (we) list
TENDIN intol or or use os or use os or use os		
OR ATT ne hospin DIRECTO Dept. of If Item 21	sow the deceased give on	22c. DATE SIGNED
0 . 0 . 0	MA ATTENDING MEDICAL STAFF _	17-10-80
TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detoin with the Store Elmporatary; if	22d. PHYSICIAN S NAME RIVE OR PRINTS	1, 1,607
O HOSPIT etoined by TO FUNER should be with the Sre with the Sre With the Sre	Mary J. Nioky Bray Hospital Beliedere @C	ocensam
of of shape of the		-0.
BP	236. BURIAL, CREMATION, REMOVAL JULY 21,1985 TIFERETH ISRAEL ROSEDALE	BALTO. STATE MD
	24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256. REGIST	
DHMH - 16 50M 4/83 (VRA 15, 4)	NAME ADDRESS	widson-Randelle
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		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND

STATE OF MARTEAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

		REGISTRAR				CERTIF	ICATE OF	DEATH	5	, NO.	7	وي	eng	~
-		CEASED NAME	FIRST		MIDDLE	1	LAST		20 DATE OF DEAT		DAY	YEAR	26 HOU	R
20	(TYPE	OF PRINT)	Charl	es F	. E.	Gue	ertle	r	7/25/85	July	25	85	10 P	T M
	3. SE)	X.		4. RACE		5. DATE C		WEAG.	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER	R 1 YEAR	HOURS	24 HRS
	-	ale		Whit		A		22,1901	83	YRS			HOURS	MIN,
d	an Bi	RTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	F WHAT COUNT	RY? 8	D KNEVE	RMARRIED -	9 BALTIMORE CIT	_		ATH		
D	Mo			USA		WIDOWE		DIVORCED [Baltin	more (City			MD.
	10 C1	ITY OR TOWN OF DE	ATH		HOSPITAL, NU		OR OTHER IN	ISTITUTION	12a USUAL OCCUP			KIND OF	BUSINE	SSOR
4		Baltimor		Un	ion Me	morial	Hos	pital	Electric					
d		AL RESIDENCE (IF NUR	136 COUN		13c CITY OR T	OWN		CITY LIMITS?	13e STREET ADDRE					
-					Balti	more	YES 🛣	NO 🗌		son teb	ello	Terr	ace	2121
		Charles	N	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NAA		LE .		LAST		
0	-	Charles			Guertl	er		Lillian		200		- 04	040	
	13	VAS DECEASED EVER		MED FORCES?		ECURITY NO.	17 INFOR			DRESS		21	212	
	ye	es	WW	2	212-0	3-1299	Mr.	Charles	Guertler	Jr.61	7 Tun	brid	ge I	d.
	-	18 CAUSE OF DEAT	H (Enter only	y ane cause pr	er line far (a), (b	, and ic					Ві	APPROXIM	NATE INTER	VAL DEATH
		PART I. DEATH W		BY: CAUSE (o)_	Massi	of Ano	herrer	Micardon	e Infarct	100		51		
П			MMEDIAIL											
		C-534	0.0	DUE TO, 0	OR AS A CONSE	QUENCE OF								
		Canditians, if any gave rise to imi	mediate	(p)_			_	-						
		underlying cause		DUE TO,	OR AS A CONSE	OUENCE OF								
				(c)_										
	z	PART 2 OTHER SIG	NIFICANT C	SMOITIONS S	CONTRIBUTING	TO DEATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEASE OR C	ONDITION	SIVEN IN F	'ART Ira		
	CERTIFICATION		71041	Lui com					Tan and a second	Took 15 a		5 D 1 D D 1		
1	ICA P	190 DATE OF OPERA	IION	196. CON	DITION FOR WH	IICH OPERATIO	N WAS PER	FORMED	20a AUTOPSY?	IN CER	ES, WERE	AUSES	GS USEE OF DEAT) H?
	E								YES NO		YES 🗌		NO []
0		OR CONTRIBUTING		110110 1	OF INJURY A.M. MONTH	DAY YEAR	21c HOW	INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM!	R PART I OR I	PART 2)		
7	TAL	LIF EITHER NOTIFY MEDI		11	P.M.	19								
	MEDICAL	21d. INJURY OCCUR	RED		E OF INJURY		21f LOCA		CATAC	RTOWN	601	VINTY		TATE
	Σ	AT WORK NOT WE	HILE D	(AT HOME S	TREET, FACTORY OFF	ICE, FARM ETC }	314		Circ	,			,	
		22a.1 certify that (1)		al) attended t	the deceased fro	om	Ly 25	19 85	- to July	, 25	19 €	35 1	hot (1) (v	ve) last
	5.5	sow the deceas abave, (I) (we) (242 / 2000	nd that in (m	y) (aur) apinion o	death accurred an th	e date and h	aur and fr		- 1. 1	
		22b SIGNATURE	did) (did nat	view the bad	ly after death.		DEGREE				220	DATES	IGNED	
		R	×	2, 9	Roul	n	MA	ATTENDING		STAFF		710	5100	
-		224. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDR		DIRECTOR PHY	YSICIAND		112	2/50	>
1					Banfer				morial H	Hoeni	Fal			
-	73a B	BURIAL, CREMATION,						R CREMATORY	1234 LOCATION	Toppi	car			
		(SPECIFY)	KEMOVAL						Baltim	N	COUNT	Υ	Md.	TATE
	24 E1	Burial		July	29,1985	Gdns.	of Fe	ith	Dat Cim		CTD A D'C C	CALATI		

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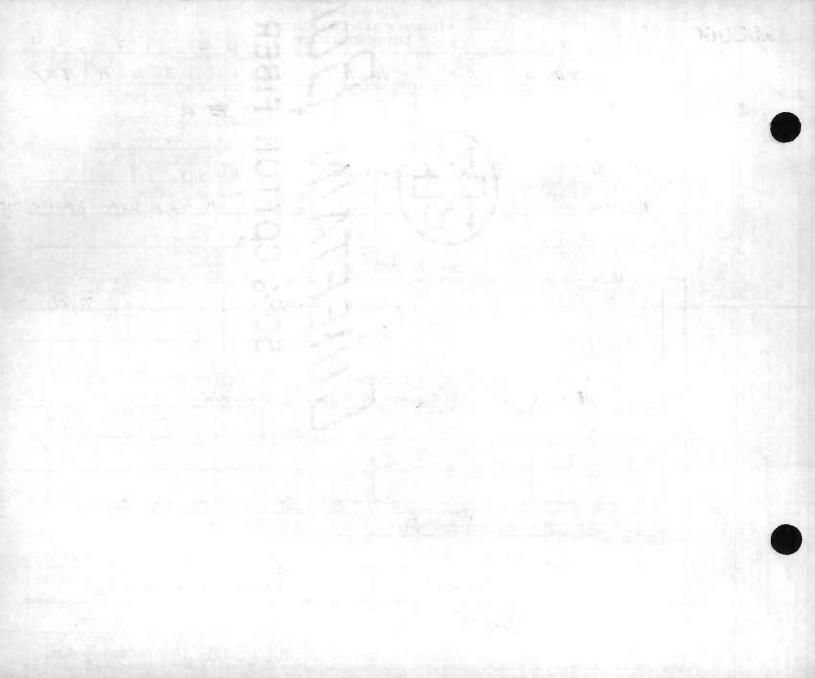
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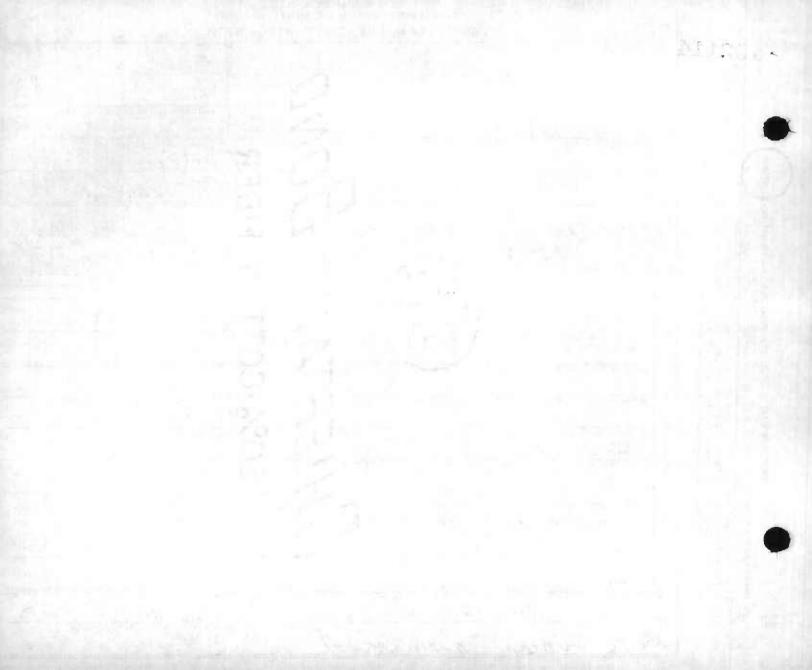
Leonard J. Ruck Inc. Baltimore, Maryland

78 1101 No Japan Nothimore x : Softwieder First Manteholio Terrace william .51 application tip . The relieved activated to the end arming the life

STATE OF MARYLAND



		lit	ems 18-22a 8,	8/85 mth F#60	STATE OF MARYLAND OF HEALTH AND MENTAL HYG	IENE	
		1-	STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE OF D	EATH REG. NO.	341
. 4	92114		EASED NAME FIRST	WIDDLE	LAST	2a DATE KNOWN X1 MONTH	DAY YEAR 26 HOUR
	P.S. Z.	(11)	Richa	rd	Gunter	DEATH MATED 7/	5/ 19 85
	PR. REA	3. SE)	n 4. RACE		E (IN YEARS IF UNDER TYR. IF UNDER 24 F BIRTHDAY) MONTHS DAYS HOURS MIN		5/ 19 85 P N
	NA ZER		RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	18	9 BALTIMORE CITY OR COUN	
	HANDER -		m D	4.5.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cit	.y Mc
1	PAGE	ID. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
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	IF AND STOTHER SHOULD BE FILED CHEED SHOULD BE FILED CHEED C	13a. S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	STREET ADDRESS TRANK	#21201 Lin ST.
N ON	H. II.	14 F/	THER'S NAME	MIDDLE	IS MOTHER'S MAIDEN N	AME MIDDLE	7241
	EATH SES 1, A PM AND 2	1	4ARRISON	Gunt	EK JuniTA	D	ouglas
BALTIMORE,	JRS AFTER DEATH. IF R. B. GIVE PAGES 1, 2, A. WITH FORM PM 3. RET. PAGES 1 AND 2 SHOUSION OF VITAL REC.			MED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	2/2/8
ALT	AFT SIVE TH F AGE		VES Vie	nAm 216-	52-3339 Shirley	Newlin 2714	Borne ST
	DURS AF 18. GIVE WIT. PAG AIT. PAG E. DIVISIO	1	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	V 24 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D			E CAUSE (a)			
EST	IN SIT HA		Canditians, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		9 34
9	WITH WERNER RAN TAL	100	gave rise to immediate	(b)			
3	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS O MENTAL I		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
5, 2	DE CONTRACTOR		BLOT & GTHER CICHIFICANT CONDUCTIONS	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON TING THE WORD "PENDING" IN PENCIL IN TEM 10 PED TO THE CHIEF MEDICAL EXAMINER ALONG 35 SHOULD BE USED AS A BURIAL - TRANSIT PERMI PERMI OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 UTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT BELATED TO	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (1).	
E.	PEN MEAN	1 E	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
¥	SHOULD ORD "P	Ĕ					YES 🕅 NO
7 >	THE CHIE LID BE US MENT OF TO BURIN	CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	4.5
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VISIO	ERTIFIC ING TH ED TO 1 3 SHOU SEPARTA PRIOR 1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATH			
ā	ATE, WRITING CER. WRITING ORWARDED ORWARDED IR: PAGE 3 SHE STATE DEP	2	AT WORK AT WORK] STREET, FACTORY, FARM, ETC.)	SINEEL	CITY OR TOWN	OUNTY STATE
	EDICAL EXAMINER: THIS C TIT THE CERTIFICATE, WRIT A SHOULD BE FORWARD NEXAL DIRECTOR: POE DEATH, WITH THE STATE MORE, MARYLAND, 21201		22s I certify that I took chara	e of the remains described above, hel	d an Autopsy X Inspection	Inquiry . and in my o	
	EXAMINER: CERTIFICATE OULD BE FOR: I DIRECTOR: I, WITH THE S MARYLAND,			al causes A. Arcident		ndetermined manner	pinon
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	A A A S C C C C C C C C C C C C C C C C		SIGNATURE X	1/11	M.D. Assistant	MEDICAL EXAMINER SIGN	7/6/85
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	콜 의 H 등 H 등 M	1	(TYPE OR PRINT) Greg	ory R. Kauffman,	M.D. ADDRESS 1	ll Penn St.	
	PAFT PAFT	23 a B	JRIAL, CREMATION, REMOVAL 2		OF CEMETERY OR CREMATORY 23	d. LOCATION	UNTY STATE
07/84	BP 224	-	SWRIAL !	7-10-85 6-44	enison torest	Owens Mills	mo.
25M	DHMH - 17	24.4	INERAL DIRECTOR	ADDRESS	A. ST. 250. DATE REC'E	D. BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	(VR A15 ME (5))	1	sells tuni	MA 1129N.	CAROline	0 1300	· Shakalk

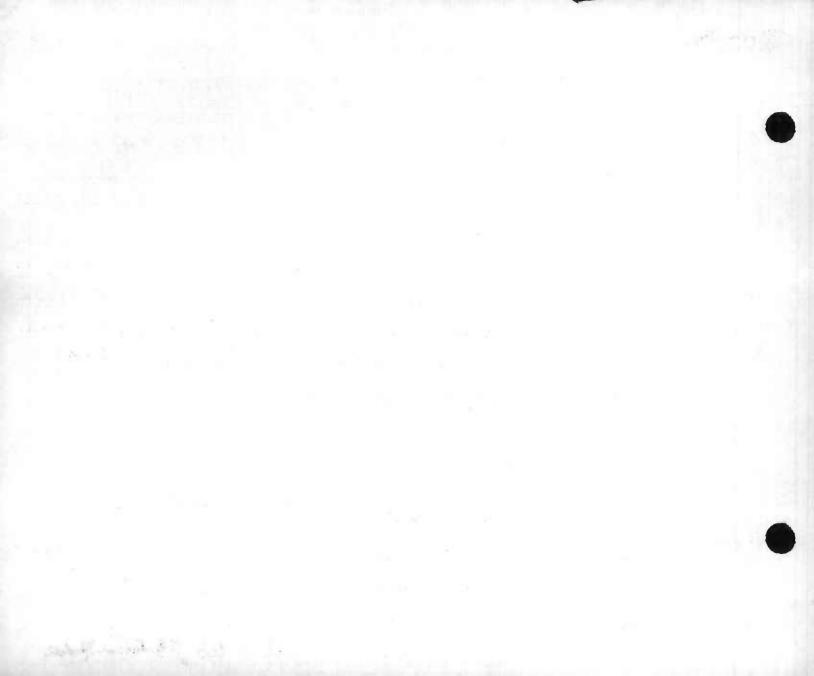


STATE OF MARYLAND

03270	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE G. NO.	9 3 4 8
		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH D	AY YEAR 2b. HOUR 🦟
eoth 3	1.176	Joseph	Ciel (Gupton, Jr,	July 8 ,198	5
po ter d	3. SE	X	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs of		male	Black	8 9 26	58 YRS.	ONING DAYS HOURS MIN.
rol din 72 hou once.		RTHPLACE (STATE OR FOREIGN 7	. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
hin 72		N.J.	USA	WIDOWED DIVORCED		M
oy the fu		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 1202 N. Chatha	NG HOME OR OTHER INSTITUTION T ADDRESS) AM Street	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OF INDUSTRY
filled in the fi	13a S	AL RESIDENCE IN NURSING HOME OF C STATE 136. COUNT Cyland	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) NN 136: INSIDE CITY LIMITS?	13, STREET ADDRESS / ZIP CODE 1202 N. Chath	am St. 2121
2 sh	14. FA	ATHER'S NAME	AIDDLE IAST	15. MOTHER'S MAIDEN N	AND DUC	LAST
Par Sepo		Joseph	Gupton	Ella	Jacks	ion
Se Se A		VAS DECEASED EVER IN U.S. ARA	WAR OR DATES		ADDRESS	
n ond oges		NO NO	146-18	-8150 Dessie B	ridges 1202 N.	Chatham St
physics mosper m		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (o), (b), or BY: CAUSE (o) Ceyeb	ral Hemon	Ka 00.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH In Stant
dd by the ottending lease remove corbd ial, cremation, or ri or other troumatic		Conditions, if ony, which gove rise to immediate cause 0 , stating the underlying cause last.	DUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	oma of help	waat & metastas he throat	s one month
n signe Then p r to bur injury.	NO	PART 2. OTHER SIGNIFICANT CO HYRER LE	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART 10
hos been prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED /ING CAUSES OF DEATH?
certificate uriol-transit Aentol Hygi tem 18 sh	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 710. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH C P.M. 21e. PLACE OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
offendi fer this os the bu h and M irked or	MEG	WHILE NOT WHILE AT WORK	{AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
TOR: A for use of Healt		22a 1 certify that (I) (this hospite saw the deceased alive on above, (I) (we) (did) (did not	7-6- 105		on death occurred on the date and hour	985, that (I) (we) los and from the causes stated
Y the hord AL DIRECT CAL DIRECT COST COST COST COST COST COST CALL CALL CALL CALL CALL CALL CALL CAL		27h SIGNATURE CUGLINE	He Our		MEDICAL STAFF DIRECTOR PHYSICIAN	7-9-85
TO FUNER should be owith the Str		Eugene /	L'Owens	mp 1735 E.	Foderal St	Baltomd
e ⊢ = 3 ≤ ·		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Baltimore Cem	CITY OR TOWN	COUNTY STATE

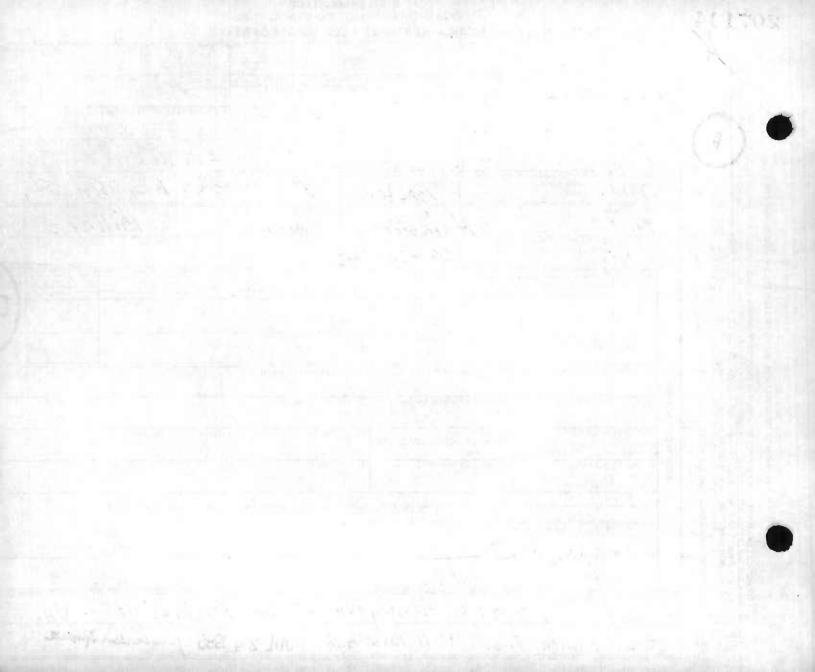
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR William C. March F/H 1101 E. North Ave.

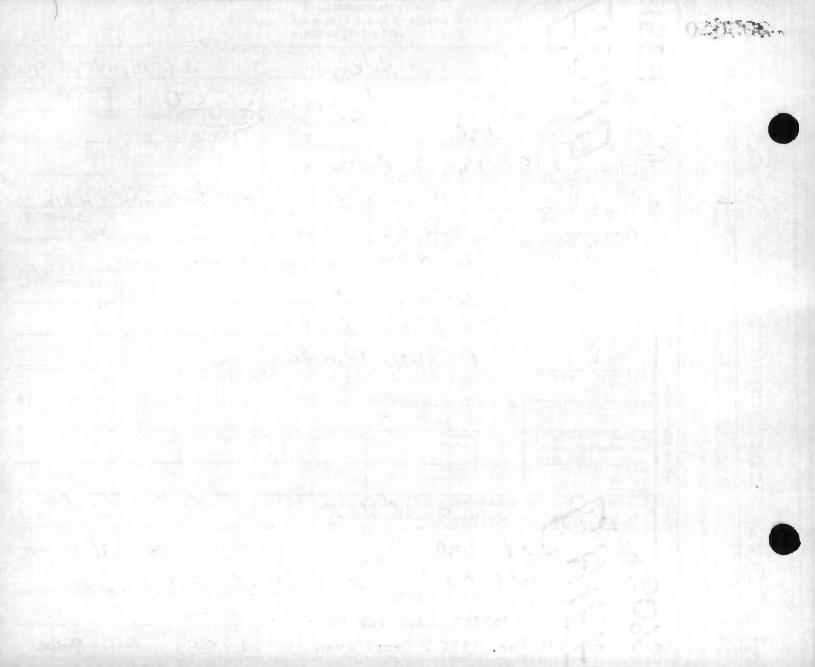


And the second s

		1/			E OF MARYLAND		
20	7144	ľi-	FOR STATE		HEALTH AND MENTAL H		
100	1/		REGISTRAR 7-31-85 it	em MEDIÇAL EXAMIN	ER'S CERTIFICATE C	F DEATH REG. NO.	3 5
	A		CEASED NAME FIRST	WIDDLE	LAST	Ze DATE KNOWN X MONTH	DAY YEAR 26 HOUR
	82	1	Berley		Hairston	OF ESTI-	23 19 85 M
	PLEASE FECTOR R FILE HOUR STREET	3 SE		ATE OF BIRTH 6 AGE (IN YEAR	RS IF UNDER 1 YR. IF UNDER	24 HRS 2c. DATE MONTH	DAY YEAR 2d HOUR
		10	nale Black 5	3 1923 62 YR		MIN. PRONOUNCED DEAD 7	23 19 85 3:45A
	SARY ON ZOURY	70 B		CITIZEN OF WHAT COUNTRY?	1	A BALTIMORE CITY OR COUNT	
	SE CER	FC	REIGN COUNTRY)	V.S.A.	MARRIED NEVER MARR	ED U	
	The 1		ry County Va.		WIDOWED DIVORC	DOLL CALLOT	
	E RES	10. C		NAME OF HOSPITAL, NURSING HOME, IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	50	В	altimore City	333 N. Dennison	Street	FOR MOST OF WORKING (IFE)	71729
5	ASPENSE !		AL RESIDENCE (IF IN NURSING HOME OR OTHE TAJE AN 1136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	13d. INSIDE MAY LIMITS?	In expense C	21214
2120	る名称の表	134. 3	Mar Secont	13c. CITY OR TOWN	YES IN NO	130 STREET ADDRESS Denni	150n J4,
9	# 2002 -	14. F.	ATHERIS NAME	1 70714	15. MOTHER'S MAIDE		
2	中できる方		FRICO MID	DIE ALAST LAST	Queal.		Mnen
8	88338	140 \	WAS DECEASED EVER IN U.S. ARMED F	FORCES? 16b. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	1111010
M.	E 25 5 5 9	100.	(IF YES, GIVE WAR O	12374.0.0		ADDRESS	
*	A STATE OF S		/\/\/	230-20-	2592		
2	N N I		18 CAUSE OF DEATH (Enter only one				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	A PROBLEM		PART I DEATH WAS CAUSED BY:	USE (o) Arteriosclero	otic cardiovasc	ular disease	
5	PA P		(DUE TO, OR AS A CONSEQUENCE C			
22	A A A A SI A A A A A A A A A A A A A A A		Conditions, if any, which				
8	WALE OF THE PARTY		gove rise to immediate couse (a) stoting the under-	DUE TO, OR AS A CONSEQUENCE O)F		
9	##ZZZZZ		lying cause last.				
10	AND AND AND AND		BART 2 GINER CICALENCIANT COMPUNDADOR CONTRO	(C)BUTING TO DEATH BUT NOT RELATED TO THE TERMI			
ORC	MAN DAFF	z	Trake 2 Office Stonificant Conditions Contain	BOTHO TO GENTH BUT NOT RELATED TO THE FERMI	MAL DISEASE OR CONDITION GIVEN IN PA	K) 1 (a):	
0	- SEAMER	HICATION	190 DATE OF OPERATION	The condition consulation costs	ATION AND DEDUCTION		1
7	A KERT TO	2	1170 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
5	NORD THE PROPERTY OF THE PROPE	18					YES NO X
6	A TOWNS A	SE E	210 EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	ART 2)
- N	SA STATE	13	CONTRIBUTING CAUSE OF DEATH				
DIVISION OF	E N S S S S S S S S S S S S S S S S S S	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	211 LOCATION		
6	SE CANADA	2	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN CO	OUNTY STATE
	HAWARE STATE						
	2000年8			he remains described above, held on	Autopsy , Inspectio	n X, Inquiry L, ond in my a	pinion
-	MERCHE S		death resulted from: Notural car	uses K., Accident L., Sur	cide , Hamicide ,	Undetermined manner	
	AAN MENDER		ACTUAL A. OA	~	TITLE (SPECIFY)		
_	MEDICAL EXAM CUTE THE CERTI GE 4 SHOULD B FUNERAL DIREC TER DEATH, WITH LTIMORE, MARRY	1	SIGNATURE ALA			MEDICAL EXAMINER SIGN	7/23/85
	NO SERVICE		EXAMINER'S NAME 7 M				
			(TYPE OR PRINT) Ann M.	Dixon, M.D.	ADDRESS_111 F	enn St. Balto.M	1D.
	BATOPES _	23a. B	URIAL, CREMATION, REMOVAL 236 DA		ETERY OR CREMATORY	23d. LOCATION	INTY
07/84	BP	(BURIAL	7/27/85 Stone	1 Mountain Con	MARTINS VILLE	VA.
25M		24 F	UNERAL DIRECTOR	1 1 11 11 11	250. DATE I	REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
	DHMH - 17 (VR A15 ME (5))	1	TOCC Miller 1	5 SADDRESS 4611 Par	KH4TS JIII	2.4 1985 Julia Davidso	myanded
	(-1)	1 5	Jerr Inline		/ 502		



DIVISION OF VITAL



(VRA 15, 4)

statuta in the state of a second state of the A Latin and Angle the Title of the Street (laved in each year of the late of the late M. S. AMILIAN LEVEL I W. S. C. CON CO. Of the St. P. S. C. C. T. House, S. C. A Company of the state of the s

STATE OF MARYLAND

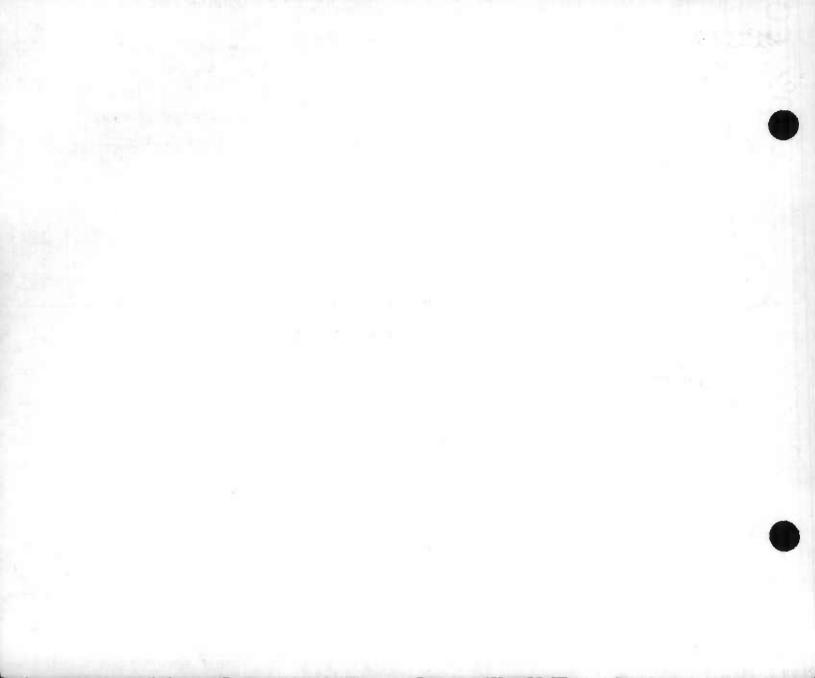
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL		IE SEG.	NO.	9	3	5	de
	CEASED NAME	essie	A	VIDDIE	Hall	AST		July 24,		DAY	YE AR	26 HOL	JR M
3. SE	X	4.	RACE	-	5. DATE C	OF BIRTH	6.	AGE (IN YEARS LAST	BIRTHDAY)	# UNDE	RIYEAR	IF UNDER	R 24 HRS
	Female		Black	<	MONTH	22 19)R	66	YRS	MONTHS	DAYS	HOURS	MIN.
Jo. B	IRTHPLACE (STATE OR F	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		Baltimore city Baltimo			ATH		MD.
10. C	TY OR TOWN OF DEA Baltimor		Bon S	HOSPITAL, NURSIN H FACILITY, GIVE STREET BCOUT HOS	ADDRESS) Spital	OR OTHER INSTITUTION		a USUAL OCCUP/ TYPE OF WORK FOR MOS	ATION	12b.	KIND OI OUSTRY	FBUSIN	ESS OR
	AL RESIDENCE (IF NURS	13b COUNTY		GIVE RESIDENCE BEFORE 13, CUTY OR TOWN BALTIMOT	E ADMISSION) /N Ce	134 INSIDE CITY LIMI YES NO	ITS? 136	STREET ADDRES	s/zipcoi lardal	DE Rd	. 21	215	
14 F/	William	Ŋ	• DDLE	Smith		15. MOTHER'S MAIDE AÍver		WIDDLE		J	ones		
16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		217-26-0		17 INFORMANT Blanche D	anie]		ress Arli	ngtor	n Av	e.	
No	PART 2 OTHER SIGN	/AS CAUSED I IMMEDIATE (, which mediate ing the : lost	DUE TO, OF	R AS A CONSEQUER AS A CONSEQUER	ENCE OF	ratory of	rachi faile	al disease or co	ONDITION C		PART 110		
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WERE			TH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING ()	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR 19	21c HOW INJURY O	CCURRED	(ENTER NATURE OF I	VIURY IN ITEM I	8 PART) OR	PART 2)		
MEDICAL	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WO	HILE [21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE I	FARM, ETC 1	211 LOCATION STREET		CITY OR	town	col	UNIY		STATE
	22a. I certify that (I) saw the decease obove, (I) (we) (c 27b. SIGNATU	ed olive on	view the body	124 19		DEGREE ATTENDI PHYSICI 22e ADDRESS	ING!		TAFF	22	c DATE S	26	lated
23a I	BURIAL, CREMATION,	REMOVAL	23b. DATE 7/30/8	23ε.	NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATION CITY OF LOWN Ral Time		CCOUN.		MD	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

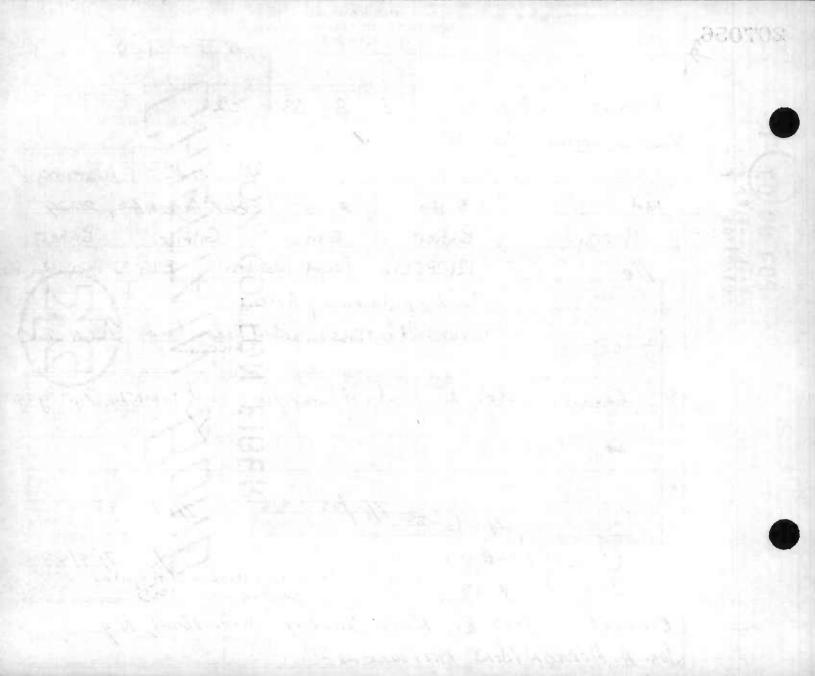
74 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 207056 - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME (TYPE OR PRINT) HELEN HAL 85 4 · 20PM M 3 SEX RAC & AGE (IN YEARS LAST BIRTHDAY) TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED UNGINIO DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE THE JOHNS HOPKINS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 13b. COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md 14. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OF UNKNOWN) HE YES GIVE WAR OR DATEST 826 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMPUTION GIVEN IN PART 110 CERTIFICATION 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONT. G CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an obove, (I) (we) (did) (did not) view nd that in (my) (aur) opinion death occurred on the date and have and from the causes stated 22b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSI 600N. MPORT, 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)



ST	ATE	OF I	MAR	YL	AND

DEPARTMENT : CER

TATE OF MARYLAND		
OF HEALTH AND MENTAL HYG	IENE	
RTIFICATE OF DEATH	REG. NO.	9,556
HALL	20 DATE OF DEATH MONTH	7/5/858 AM
T 23 69	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
RRIED NEVER MARRIED OWED DIVORCED	BALTIM BALTIM	ORE CITY MD.
ME OF OTHER INSTITUTION	HONEMAKE	ROUN HOME
YES NO	130 STREET ADDRESS A ZID	EVELERE AVE-B
ALICE ELIZABETH GREEN		
19 INFORMANT 18 LAURETUCE	ADDRESS .	SAME
shiratory Ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Spirotion / //		
ary Edema		
	ailure	
	9011010	N GIVEN IN PART I to
ive Heart P	INAL DISEASE OR CONDITIO	N GIVEN IN PART 110 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sigma \colon \sigma \si
BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO \
BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 210 HOW INJURY OCCURR	200 AUTOPSY? 200 IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO \
BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 216. HOW INJURY OCCURR 19 211. LOCATION	286 AUTOPSY? 206 IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19 216 HOW INJURY OCCURR STREET	TO THE PROPERTY OF THE PROPERTY OF TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE
BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 21c. HOW INJURY OCCURR 19 21t. LOCATION STREET	TO THE PROPERTY OF THE PROPERTY OF TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ET MILE NOT WHILE

COUNTY

PART I. DEATH WAS CAUSED BY

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

90 DATE OF OPERATION

IN U.S. ARMED FORCES?

IMMEDIATE CAUSE (a)

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (\$ and (c).

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

HOUR A.M. MONTH DAY Y

196 CONDITION FOR WHICH OPER

DUE TO, OR AS A CONSEQUENCE

166 SOCIAL SECURITY N

219 12 590

22a 1 certify that (1) (this haspital) attended

226 SIGNATURE

CERTIFICATION

FOR

I DECEASED NAME

a BIRTHPLACE

14. FATHER'S NAME

REGISTRAR

1 - STATE

3. SEX

PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL Burial

236. DATE 7/8/85

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley

Balto. County,

MOSTATE

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road

Balto., MD

21212

Burtis Calley and Allay and by a line tone V. Jonetia I Jone Co. ASSET NORSE DE LA BALLO., MAR CENTE DE L'ESTE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PH	120	160	9	(3)
TH	8	REG. NO.	1	7

	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	8 5 REG. NO	1 9	3	5 /
1	1 DECEASED NAME FIRST (TYPE OR PRINT)	. MIDDIE	LAL L TO		20 DATE OF DEATH N		YEAR	26 HOUR P
	RUTH	E	HALLIE		JULY 26, 19			5:00 m
	3 SEX 4	RACE	5. DATE OF	D.11111	6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
	Female	Black	/	2 31 a	54	YRS		
-	70 BIRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIED	☐ NEVER MARRIED ☐	BALTIMORE CITY OR		PDEATH	
)	MD	USA	WIDOWED		BALTIMORE C	CITY		MD.
0	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING			120 USUAL OCCUPATIO		12b. KIND O	F BUSINESS OR
5	BALTIMORE	JOHNS HOPKINS 1	HOSPIT	TAL	(TITE OF WORK TOR MOST OF	WORKING EN E)		
2	USUAL RESIDENCE (IF NURSING HOME OR OT 130 STATE 130 COUNTY		V .	13d INSIDE CITY LIMITS? YES XX NO	3147 Elmor	zip code a Ave.	2	1213
	14 FATHER'S NAME	DDIE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE			
g	Raymond	Thompson		Alice	WIDDLE	Oliv	er	
ï	160 WAS DECEASED EVER IN U.S. ARME		RITY NO.	17 INFORMANT	ADDRES	S		
Ξ	(YES, NO OR UNKNOWN) (IF YES, GIVE W	218-22-78	307	Mary Hall 314	42 Elmora Av	/e.		
	18 CAUSE OF DEATH (Enter only	one cause per line far (a), (b), and	l ic				BETWEEN	MATE INTERVAL DNSET AND DEATH
S	PART I. DE ATH WAS CAUSED I	(A M A . A M	almo	nary Arre	est		20	minutes
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF P	ulmonary E	Embolism		30	ninutes
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	Thrombo	> 0		3 64	eles.
	PART 2 OTHER SIGNIFICANT CO		EATH BUT N			ITION GIVEN	IN PART 10	
	0 Metastatic	Luna Cance	25					
7	190. DATE OF OPERATION	196 CONDITION FOR WHICH O		I WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [NG CAUSES	
7	OR CONTRIBUTION OF COURT OF BEAUTY	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
	4 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	//	COUNTY	STATE
	AT WORK AT WORK							

226 SIGNATU

220 I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 20185 saw the deceased alive an above, (1) (we)(did) (did not) view the bady after death.

DEGREE

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

Brown

22e ADDRESS

600 N. Wolfe St., Bultimon

and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

23a BURIAL, CREMATION, REMOVAL Burial

236 DATE 7/31/85 23c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

23d LOCATION
Baltimore

MDSTATE

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR Wm. NC. march F/H 1101 E. North Ave.

(VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for with the State Dept of MPORTANT: If Item 2

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

BP.

PRESTON ST., BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS.

3 SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

200 AUTOPSY?

REGISTRAR		CERTIFICATE OF DEATH	8 5 REG. NO. 9 5	2 0
ASED NAME FIRST R UP	uth H. Hammond	HAMMEND	7 / 30/85	26 HOUR
	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	Sept 1, 1897	87 YRS. MONTHS DAYS	HOURS MIN.
HPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY OF DEATH	
ryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED MORCED	Baltimore City	MC
or town of DEATH Saltimore	11. NAME OF HOSPITAL, NURSIN North Charles Ge		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWITE	OF BUSINESS OR

g	partimore		maries Gemera	ar Hospitar	Housewile	nine
	USUAL RESIDENCE (IF NURSING H	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO	13d INSIDE CITY LIMITS?	13 SIREET ADDRESS / ZIP C	CODE (Christ Church
1	Maryland		Baltimore	YES NO	600 Light St(Harbor Apartments
1	John Edwin	n Saward	LAST	Martha Geog		LAST

17 INFORMANT

John T Hammond Jr.809 W. Broad St Falls Ch. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

166 SOCIAL SECURITY NO.

213 48 3587

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body often death

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF .M. Shah. M.D DIRECTOR PHYSICIAN

R.M. SHAH

230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Aug 1, 1985

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

190 DATE OF OPERATION

LIF YES, GIVE WAR OR DATES)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION St Johns

Ellicott City Howard Maruland

206 IF YES, WERE FINDINGS USED

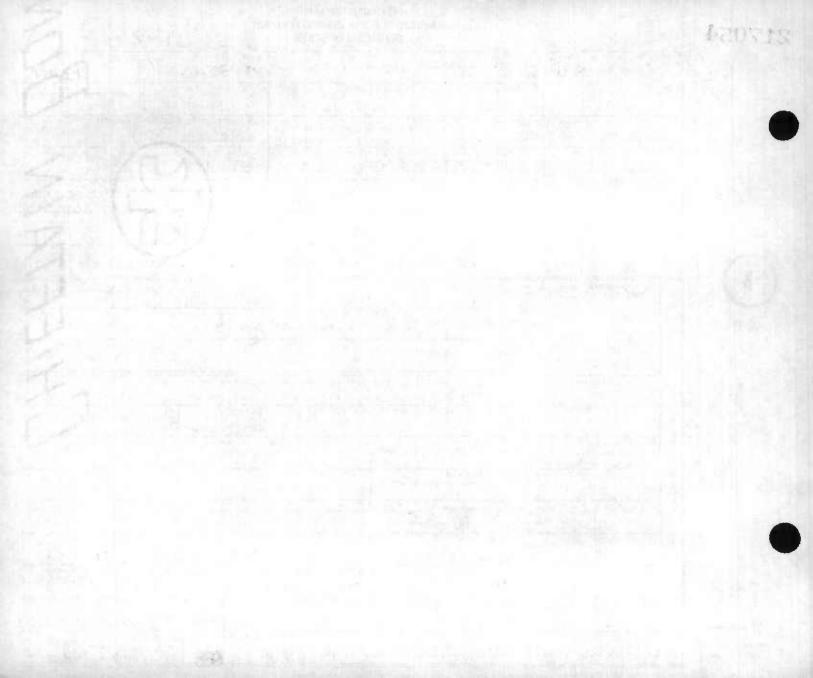
24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia RdEllicott City

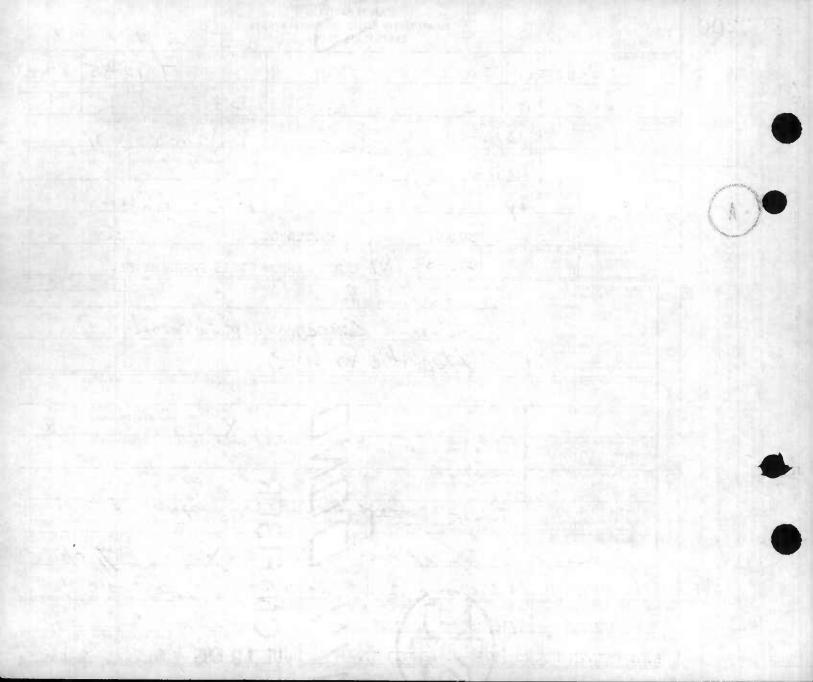
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

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FOR - STATE

yours!

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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PARDEN"	2m	DATE OF	DEATH	٨
DE BIRTH	16 /	AGE UNY	APSIAST	BIRTH

YEAR

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7	2585	1.5
IDAY)	IF UNDER 1 YEAR	IF UNDE
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e X	male	white	S. DATE O
IDTHPLACE	COLUMN CONTORNACTOR	THE CITIZENI OF WHAT COUNTRY	0

MARRIED NEVER MARRIED

DAY

WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

9 BALTIMORE CITY OR COUNTY OF DEATH mort

2b HOUR

3

UNDER 24 HRS

MIN

21017

O. CITY OR TOWN OF DEAT SUAL RESIDENCE (IF NURSIN

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE GAS & ELEC. CO

A FATHER'S NAME

REGISTRAR

DECEASED NAME

CTYPE OR PRINTS

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

15 MOTHER'S MAIDEN NAME mari

MES NO OR UNKNOWN

(IF YES, GIVE WAR OR DATES)

17. INFORMAN

BG-H

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF meliestatic carcinsuna Canditions, if any, which gave rise to immediate cause (a), stating the DUF TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

190. DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

STATE

NO [

al - ORK NOT WHILE AT WORK saw the deceased alive on_

21d. INJURY OCCURRED

22a.1 certify that (1) (this haspital) attended the deceased from

21e PLACE OF INJURY

STREET (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

, that (I) (we) lost and that in (my) (aur) apinian death occurred of the date and haur and fram the causes stated

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

abave, (1) (we) (did) (did not view the body after death 22b. SIGNATURE

(SPECIPT

ATTENDING 22e. ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

230. 8URIAL, CREMATION, REMOVAL

23b. DATE

231. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

20n AUTOPSY?

NO

CITY OF TOWN

SEVERNA PARK, MD

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000	3 \$E.	X:		4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST B	RTHDAY)	F UNDER I YEAR	IF UNDER 24 HRS
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		TY OR TOWN OF DE			HOSPITAL, NURSI				120. USUAL OCCUPA			OF BUSINESS OR
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w. S hos	Ĕ								YES T NOT	YES	_	OF DEATH?
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the ond	Z	WHILE NOT W	HILE	(AT HOME STE	EET, FACTORY, OFFICE	FARM, ETC }	STRE	ET	CITY OR T	OWN	COUNTY	STATE
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	24 51	INERAL DIRECTOR	11/	10	1	-		15- DATE	DECID BY DECISTO	Tare projects	10/5 510111	

DHMH - 16 60M 7/84 (VRA 15, 4)

Martin D. Lawson, 10 W. Padonia Rd.

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STATE	OF	MARYLAND
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DE	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 85	REG. NO	9	3	6	2	
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m3	HARE	201	413.	19:	35			
	5. DATE OF BIRTH	6. AGE IN	YEARS LAST BIRTHEAY		IF UNDER	YEAR	IF UNDER	24
	MONTH DAY YEAR	Lil		W	ONIHS	DATS	HOURS	^

YRS 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED

15 MOTHER'S MAIDEN NAME

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

126 KIND OF BUSINESS OR INDUSTRY BLUES. (TYPE OF WORK FOR MOST OF WORKING LIFE)

13e.STREET ADDRESS / ZIP CODE

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? NO [

16b

4 RACE

MIDDLE

17 INFORMANT RSCOPOS

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATES!

IMMEDIATE CAUSE (o)

nns

JO. BIRTHPLACE (STATE OF FOREIGN

18 CITY OR TOWN OF DEATH

FIRST

18 CAUSE OF DEATH (Enter only one couse per line lor (o), (b), and (c) PART I. DEATH WAS CAUSED BY:

SOCIAL SECURITY NO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10

NO I

STATE

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

190 DATE OF OPERATION

FOR

COUNTRY

14 FATHER'S NAME

CERTIFICATION

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

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DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

		_
2 18 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	210
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	

NO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20n AUTOPSY?

COUNTY

20b. IF YES, WERE FINDINGS USED

YES T

IN CERTIFYING CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE IT WORK

21! LOCATION STREET

., and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE

22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c DATE SIGNED

27d. PHYSICIAN'S NAME ITYPE OR PRINTS

sow the deceased alive on_

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

73d LOCATION ITY OF TOWN

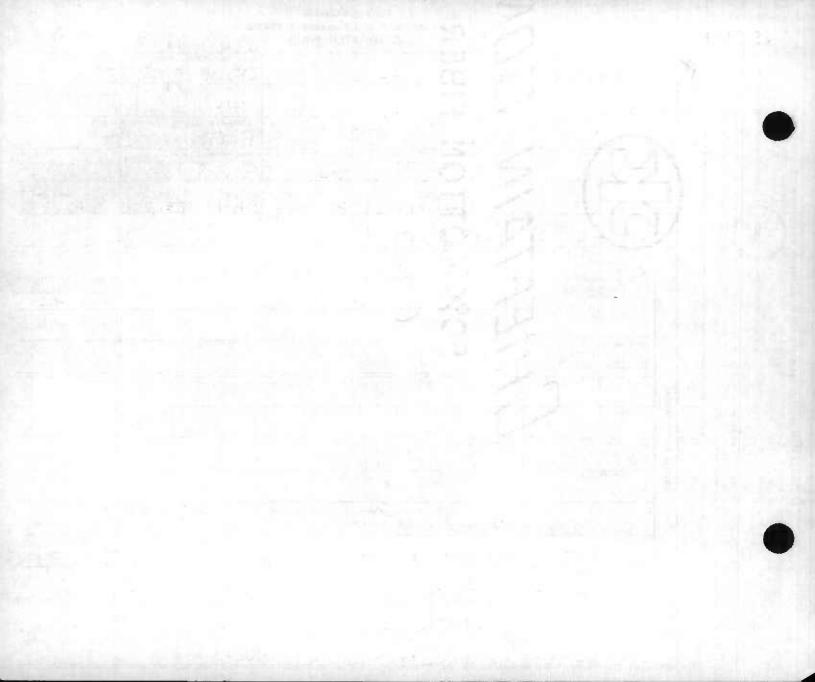
24. FUNERAL DIRECTOR DHMH - 16 60M 7/B4

25a. DATE REC'D.

BY REGISTRARIZS REGISTRAR'S SIGNATURE UNDE

(VRA 15, 4)

FUNERAL



(VRA 15, 4)

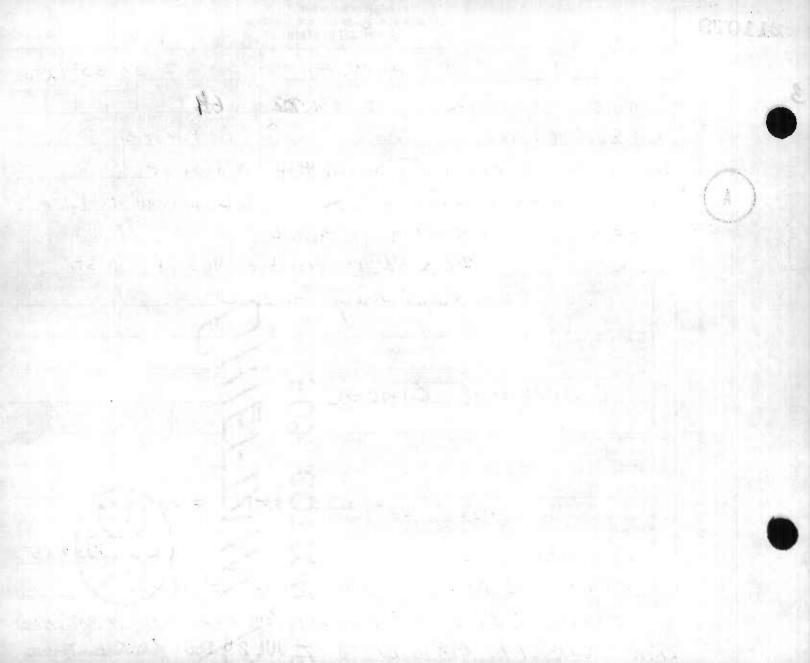
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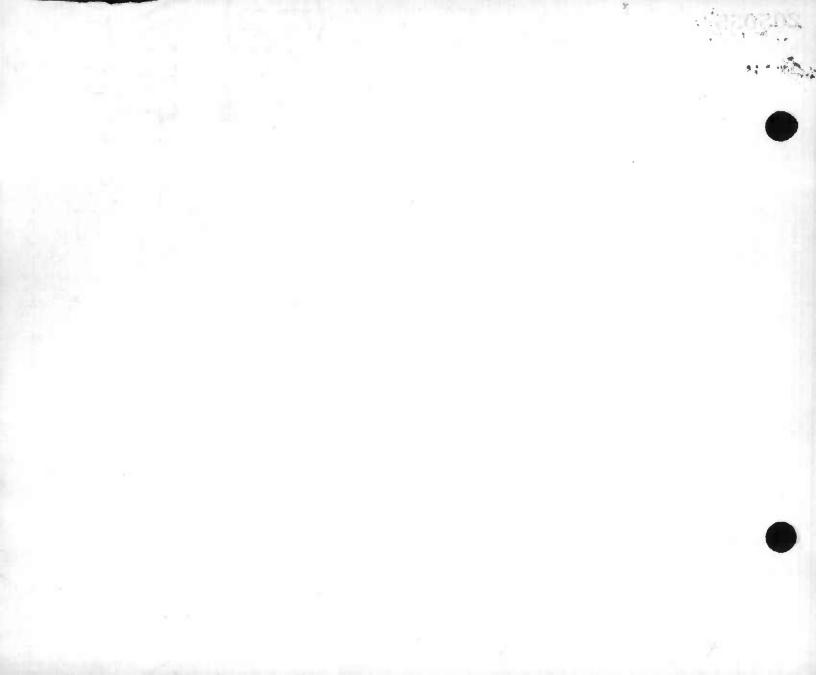
STATE OF MARYLAND



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4 70 477	7a. Bli	OUNTRY) -	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
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4 10 9/2	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET			12b. KIND OF BUSINESS OR INDUSTRY
2	USU	AL RESIDENCE UP NURSING HOME OR	South Baltimor	e General Hosp	mad worker	017203
2 (A BA	73a. S	TATE 136. COUN	timore Baltim	N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE	sti Balt.
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# 5 87	16a V		MED FORCES? 166 SOCIAT SECU		ADDRESS	Jill
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b iorked or frem 18 shows any injury	ME	WHILE NOT WHILE DAT WORK	(AT HOME STREET, FACTORY OFFICE F		CITY OR TOWN	COUNTY STATE
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OR ATTER hospito DIRECTOR ched for dept. of H them 211		22b. SIGNATURE	ot) view the body ofter death.	DEGREE		27c. DATE SIGNED
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PITA by by Stote		226 PHYSICIAN'S NAME THE	ON PRINCE /	22e. ADDRESS	J DIRECTOR PHISICIAN	11/0/30
TO HOSPITAL TO FUNERAL should be det with the Stote		MEDNEY	JONES	3001 S. Hano	iver St. Balt	
of of short		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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DHMH - 16 50M 4/83	24. FI	INERAL DIRECTOR	ADDRESS I	25a DAT	TE REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
(VRA 15, 4)	G	UWN/7/tomPSA	NF. H. 1913 W	. BACTO. 57 JU	L 2 6 1985 Julia 1	Tevidson-Randelle



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5. f			REGISTRAR 8-2-85	item 13a-e		AST RIS	*	MONTH DA	YEAR	26. HOUR
after death	1	3. SEX		BLACK	S. DATE C	DE BIRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY) III	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

23b. DATE

7/26/85

230. BURIAL, CREMATION, REMOVAL

Removal

(SPECIFY)

24 FUNERAL DIRECTOR

ADDRESS Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

TOHNS HOPKINS HOSPITAL

250 DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

23d. LOCATION CITY OR TOWN

lia Davidson

COUNTY

COUNTY

2b HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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Murphy

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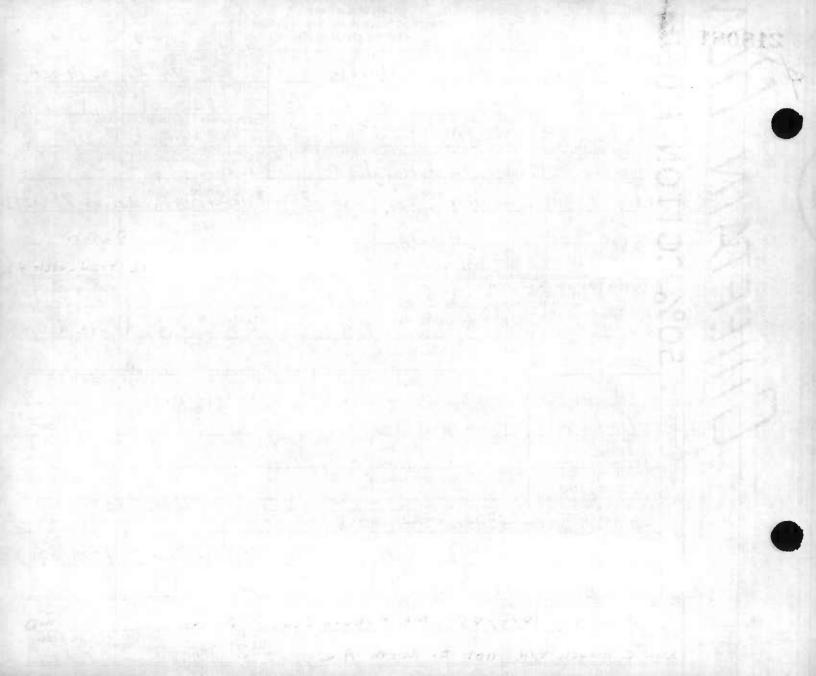
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TOP		sow the deceased alive on	1/25 19	ond that in (my) (our) opinion	death occurred on the date and hour o	and from the couses stated
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Robin

Johns Hopkins Hospital

230 BURIAL, CREMATION, REMOVAL

236. DATE 8/3/85 234 NAME OF CEMETERY OR CREMATORY Church Cemetery

23d LOCATION Henderson

N.C.

24 FUNERAL DIRECTOR

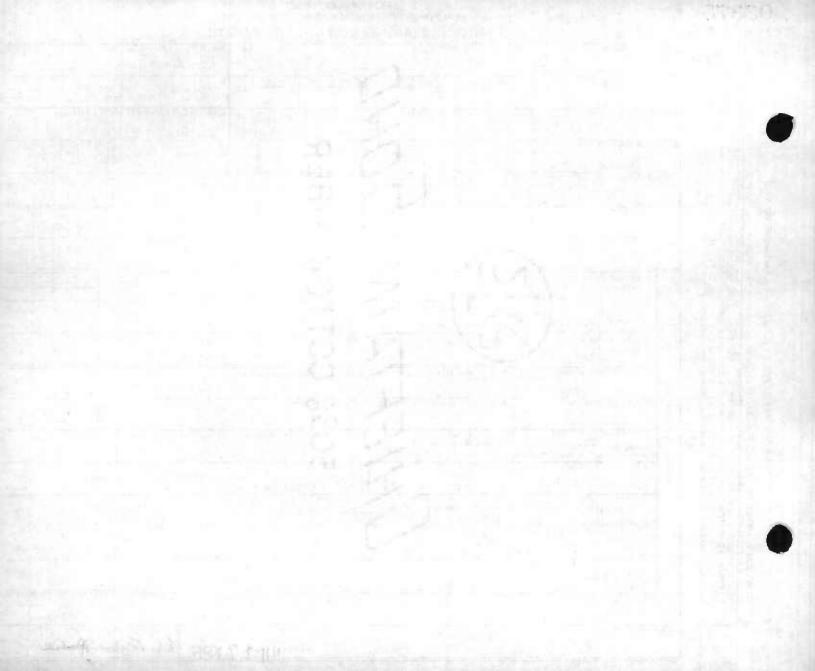
Wm. C. March F/H 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND 203375 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO TO DATE KNOWN IX DECEASED NAME (TYPE OR PRINT) OF ESTI-ELAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
A PAGE & FOR YOUR FILE
BE FILED, WITHIN 72 HOUN
50, 201 W. PRESTON STREE DEATH MATED Jr. Waymon Harris 16 19 85 3. SEX 4. RACE IF UNDER 24 HRS. 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 46 YRS 38 Male Black 11 19 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) N.C. USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F VAI RECORDS, Baltimore Sinai Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13. STREET ADDRESS 4662 Marble Hall Rd. 13b COUNTY 13d. INSIDE CITY LIMITS? MD Baltimore 21239 YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Waymon Harris, Sr. Kattie Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS No 578-52-5055 Alease Slow 4662 Marble Hall Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Aspiration of food 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔽 NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 15 ? P.M. Subject aspirated food 19 85 21e PLACE OF INJURY (AT HOME. 21L LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK COUNTY MD. 3611 Marmon Ave. house Balto. TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND Autopsy X 220 I certify that I took charge of the remains described above, held an and in my apinion Accident X death resulted fram: Homicide Natural causes Suicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 7/16/85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial COUNTY STATE 7/21/85 Durham Harris Grove Cem. MD Co. 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. March F/H 1101 E. ADDRESS Tth Ave. Sicha Davidson (VR A15 ME (5))



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DHMH - 16 50M 4/B3	24 F	uneral director eorge J. Gonce		250 DA		256. REGISTRAR'S SIGNATURE	×				

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1.52048 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME DATE KNOWN YEAR (TYPE OR PRINT) OF ESTI-G. ROWE Jr. DEATH MATED HART 12 19 85 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 2:20 Male White Aug. 14 1922 62 DEAD 12 1985 78 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia WIDOWED [DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore 311 Cathedral St. (Residence Salesman Ret. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 311 Cathedral St. YES XX NO [] Apt. 2C 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Rowe G. Hart Sr. Russell Myrtle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** Apt 4C (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Eugene R. Hart 311 Cathedral St. Yes WW II Army 216-12-2547 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA N ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Seizure disorder IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BUR YES 🗌 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE LESS OF FORWARD PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE RALTIMORE, MARYLAND, 212 Inspection X 226. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Natural causes death resulted from: Accident Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER 7-13-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 23a BURIAL, CREMATION, REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION Gardens of Faith Burial Jul 16 1985 Baltimore 07/84 Maryland BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 155 REGISTRAR'S SIGNATUR **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

STATE OF MARYLAND

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DHMH - 16 50M 4/B3 (VRA 15, 4)

Skiles Funeral Home

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Burial

July 30,198\$ Emmitsburg Mem. Cem.

136 E. Baltimore St.
Taneytown, MD 21787

231 NAME OF CEMETERY OR CREMATORY

AUB TO CP BY BY TRANS 138. REGISTION SIGNATURE

23d LOCATION
CHYOR TOWN
Emmitsburg, Frederick, MD
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				STATE OF MARYLAND					
	١,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
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MIGICA	1.05	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY , YEAR 26 HOUR			
w 62		OR PRINT)		1 0	26 DATE OF BEATH MONTH	1 273			
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hed hed her		22b. SIGNATURE	101.	DEGREE M. D.		274 DATE SIGNED			
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HOSPITAL ined by the FUNERAL wid be det hithe State ORTANT:		27d. PHYSICIAN'S NAME (TYPE C	RPRINT	22e ADDRESS /		111			
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TO HOSPITAL TO FUNERAL Should be deto with the State I		6.10,61	11111			,			
∑	230 E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	L'OUNTY STATE			
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	24 FI	INERAL DIRECTOR			TE REC'D. BY REGISTRATE ASA REGIS				
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(VRA 15, 4)	M	m. C. March	FIH HOIE.	North Ave JUL	30 1300 1	0			

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι'	REGISTRAR			CERTIF	ICATE OF DEATH	8 5EG. N	0	1 5	10
1. DE	ECEASED NAME FIRST	M	IDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
	LUCY		В.	HAYE	S	JULY 13,	1985		11:45 M
3 SE	EX	4. RACE		5. DATE C		6. AGE IN YEARS LAST BI		INDER I YEAR	IF UNDER 24 HRS
	Female	Whi	te	Se	pt 25 1897	87	YRS	IHS DAYS	HOURS MIN.
7a. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	CADIST.
1	South Carolin	u.S	.A.	WIDOWE		BALTIMO	ORE CITY	1	MD.
10 C	CITY OR TOWN OF DEATH		OSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
	BALTIMORE		HNS HOP		OSPITAL	(TYPE OF WORK FOR MOST O		INDUSTRY	
13a	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
	Maryland		Baltin		YES NO	2027 E.	North .	Ave.	21213
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM				
1	William	F.	Harvey		Rachae			Brown	n
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDR	ESS		
	No	t WAR OR DATES)	218-09-	5527	Elizabeth De	enton 2027	E. Nort	h Ave	. 21213
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per l	ine far (a), (b), ar	nd icii				APPROXI	MATE INTERVAL DNSET AND DEATH
		E CAUSE (a)	Cardio	genic	shock			29	8H
10	100000000000000000000000000000000000000	DUE TO, OR	AS A CONSEOU	ENCE OF					4.1
	Canditians, if any, which	(b)			embolis			2	811
	gave rise to immediate cause (o), stoting the	DUE TO, OR	AS A CONSEOU	ENCE OF)		1.11		
	underlying cause last	(c)	Cerebr	al va	scularacci	denstrimi	mobilit	4	
7	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	1
CERTIFICATION	none								
PIG A	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH		N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D			
E	210, ACCIDENT WAS UNDERLYING	1 011 TIME OF			Tal way a same	YES NO	YES [NOTE
	OR CONTRIBUTING CAUSE OF DEA		MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
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	AT WORK			7	12 10 85		13	R	
	220 I certify that (I) (this haspi	7 113	3 10	85	nd that in (my) (our) opinion o	death accurred on the d	13 19	d from the	hat (1) (we) lost
	above, (I) (we) (did (did na	t) view the bady o	ifter death.		DEGREE		ore and moor an		
	tatare	ATTENDING MEDICAL STAFF							85
-	22d. PHYSICIAN'S NAME (YPE O	R PRINT)	1	-	PHYSICIAN L	DIRECTOR PHYSIC		17121	0.7
	PATRYCE A	TOY E	., into		JOHNS HOPK		TAL, B	ALTO	OM
	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1.	OUNTY	STATE
	Burial	Jul 17	1985 W	est L	iberty Meth.	Whiteh	all	Ma	aryland
24. F	UNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR	BUREGETRAF	SSIGN	182 12 12 1
	Leonard J. Ruch	c, Inc.	Baltimo	re, Ma	aryland	1 5 1985 7	Will bring to	-	

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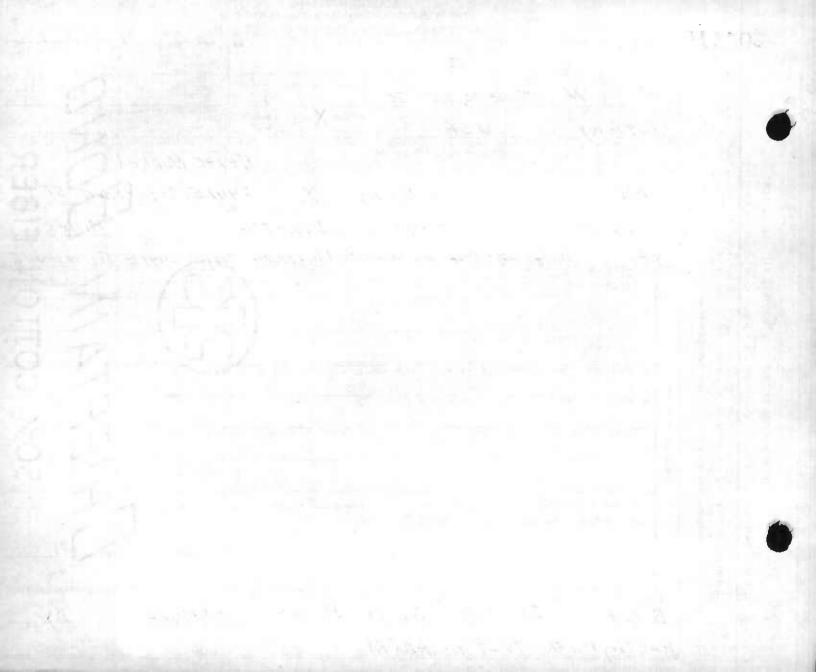
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leonard J. such, inc. Estimore, laryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR (TYPE OR PRINT) ESTI-DEATH MATED 2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
2 SAOULD BE FILED, WITHIN 72 HOURS
ALL RECORDS, 201 W. PRESTON STREET, Paul 7-10 85 Haves 19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 30 YRS JUNE 20, 1955 DEAD 19 85 D. M TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) KENTUCK WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS Baltimore East Jefferson Street 3d INSIDE CITY LIMITS? TIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MilleR 160. WAS DECEASED EVER ADDRESS 401-80-0903 MINERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to AS A B 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? R. WRITING THE WOLL RWARDED TO THE CH R. PAGE 3 SHOULD BE U E STATE DEPARTMENT OF YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MOR HOUR A.M. MONTH DAY YEAR 1985 CONTRIBUTING CAUSE OF DEATH ? P.M. 7-10 subject hung himself 21e PLACE OF INJURY (AT HOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE cellar 2441 East Jefferson St., Balto., Md. 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection XX and in my opinion Suicide XX Natural causes Accident Homicide | Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-11-85 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. Dennis F. Smyth, 21201 M.D. (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY STATE 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

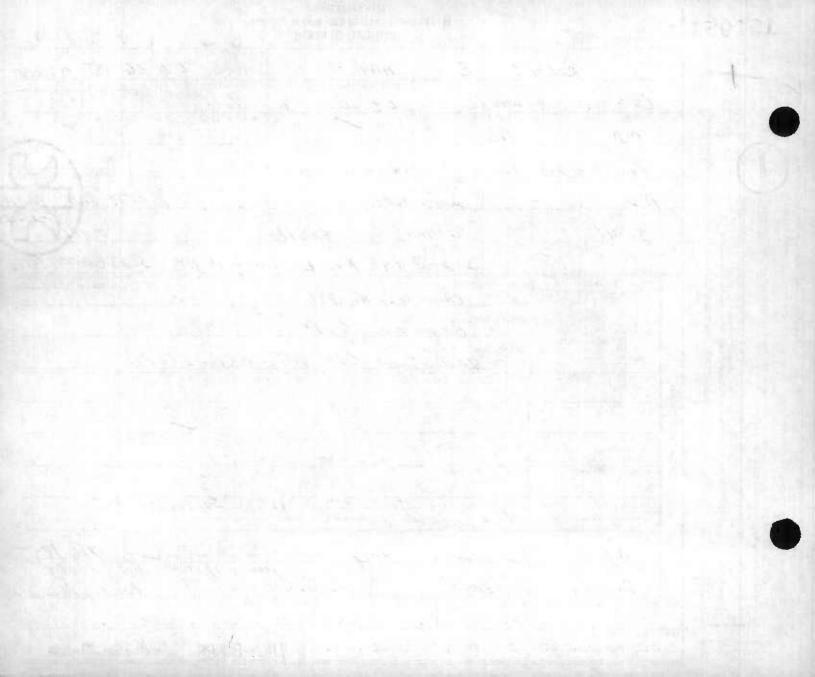
STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT (OF	HEALTH	AND	MENTAL	HYGIEN

191054	,	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE	
TOTOGE	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	BEG. NO.	93/8
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pe pe		ROB		HAYNES	07	06 85 5:16Am
mo La	3. SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
age ecto		(F)	WHITE	03 05 19	66 YRS.	
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	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
1 11 50	6.3	BALTIMORF, ME	1 11	MARAYLAND HOSP	Machinist	Manufacturing
1 50	USU/ 13a S	L RESIDENCE (IF NURSING HOME OF			13e STREET ADDRESS / ZIP COL	DE
		MD	BACT	MORE YES NO [2023 GRII	FFIS AUE, BACK, M
1 18 4	14 FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	WIDDLE	2/230
oted	14- 14	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	0000	ADDRESS	MYERS
Pog medic	- (1	ES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)			2023 GRIFFIS AVE.
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NDIN I or NSe of teolt			oital) attended the deceased from			19 All that (I) (we) lost
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OR he ho DIRE ochec Ochec		22b. SIGNATURE	_1	DEGREE ATTENDING	MEDICAL STAFF _	22c DATE SIGNED
ITAL by th RAL detc tote NT: I		Spirits	Thomason	PHYSICIAN [DIRECTOR PHYSICIAN	- 17/6/85
HOSPITAL med by ti FUNERAL wid be det b the State ORTANT:		274 PHYSICIAN'S NAME (TYPE	OR PRINT)		UNIV. of MARKE	AND MOSPY.
TO HOSPITAL retained by the TO FUNERAL should be detained the State with the State IMPORTANT:		SHIPLEY	THOM PSON		ceeve St.	BACT, MD 2100,
		urial, cremation, removal Secify) Burial		NAME OF CEMETERY OR CREMATORY	Laurel, Howa	COUNTY STATE
ВР		BUT1A1 INERAL DIRECTOR	07-09-85 Ma	National Memorial Park	Laurel, Howa	rd Co., Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)			un eral Home, Ba	altimore, Md.		Davidson-panders



STATE OF MARYLAND

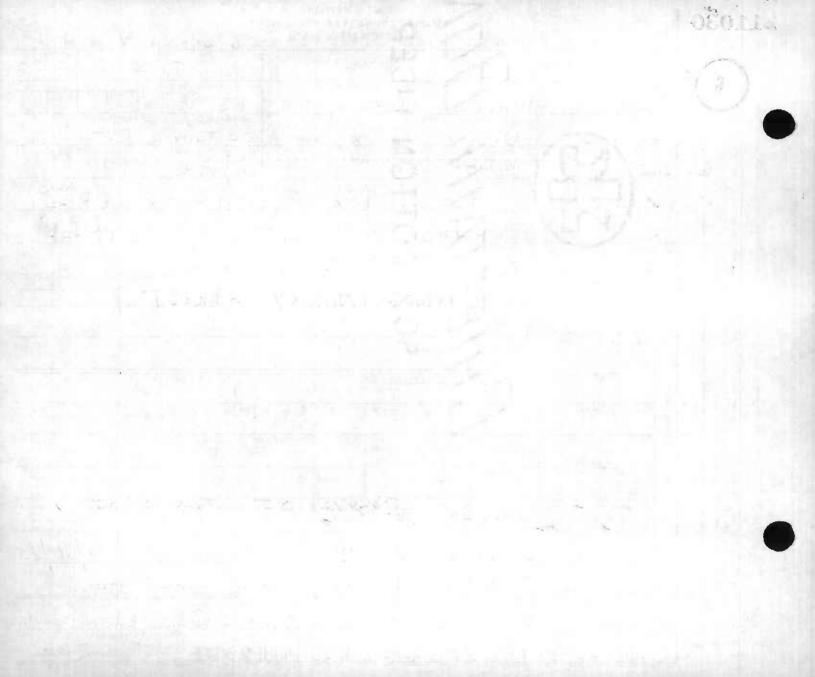
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1223	S S					
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5413-	23n F	URIAL, CREMATION, REMOVAL		34 NAME OF CEMETERY OR CREMATORY	imore, Mary]	anu 41410
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REGISTRAR

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DECEASED NAME

STATE OF MARYLAND

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OF DEATH	MONTH	2	DAY	YEAR	25 HOUR	?

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FUNERAL old be deter the Store ORTANT:	1	22d. PHYSICIAN'S NAME (1	YPE OR PRI	NT)	W CN	men	22e ADDRES	PHYSICIAN SS	U DIF
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1 14 4044 7 /0 4									

	Baltimore City	MD
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY
	13e.STREET ADDRESS / ZIP CODE 2612 Chesley Av	zenue 21234
	ME MIDDLE	last Dolan
	ADDRESS	
2	Pinkas same a	s # 13
		APPROXIMATE INTERVAL

CA PLEURAL EFFUSION

ARREST

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BALTIMORE CITY OR COUNTY OF DEATH

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
() B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURRED	O (ENTER NATURE OF INJUR	TIN ITEM 18 PART OR PART 2)	
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	OUNTY COUNTY	STATE
20 4 416 41- 4 (1) (41 4-1)	national of the deserved from	10		10	

220 I certify that (1) (this hospital) attended the deceased from	, 19, to	, 19, that (1) (we) to
saw the deceased alive an	, and that in (my) (aur) apinian death accurred an the date and ha	our and fram the causes stated

23d LOCATION MATORY

Leonard J. Ruck, Inc. 5305 Harford Road 21214

JUL 3 0 1985

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

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RESERVATORY ARREST

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STATE OF MARYLAND

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į.	CERTIFICATION	19a DATE OF OPERATION	196: CONDITION FOR WHICH	OPERATION	WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, IN CERTIFYI YES	NG CAUSE	INGS USED S OF DEATH?	?
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)		
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		22a.1 certify that (1) (this hospital)				9				that (I) (we	
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		22b. SIGNATURE	u tulls on	14	ATTEN PHYS	NDING IICIAN D	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED 24/8	15

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is should be detoched for with the State Dept. of

(VRA 15, 4)

CREMATION, REMOVAL

FUNERAL HOME

EDMONDSON



STATE OF MARYLAND

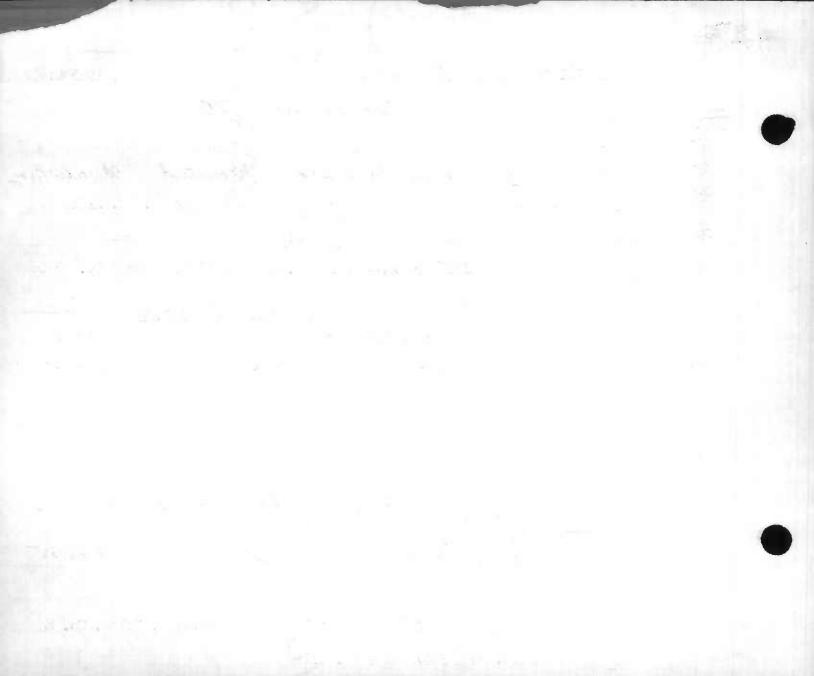
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ITAL OR	RAL DIRE detacher state Dep		H	The Sugarbours	Fu Dru	D	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF		7/Z	19/85
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DHMH - 16 60M 7/84 (VRA 15, 4)

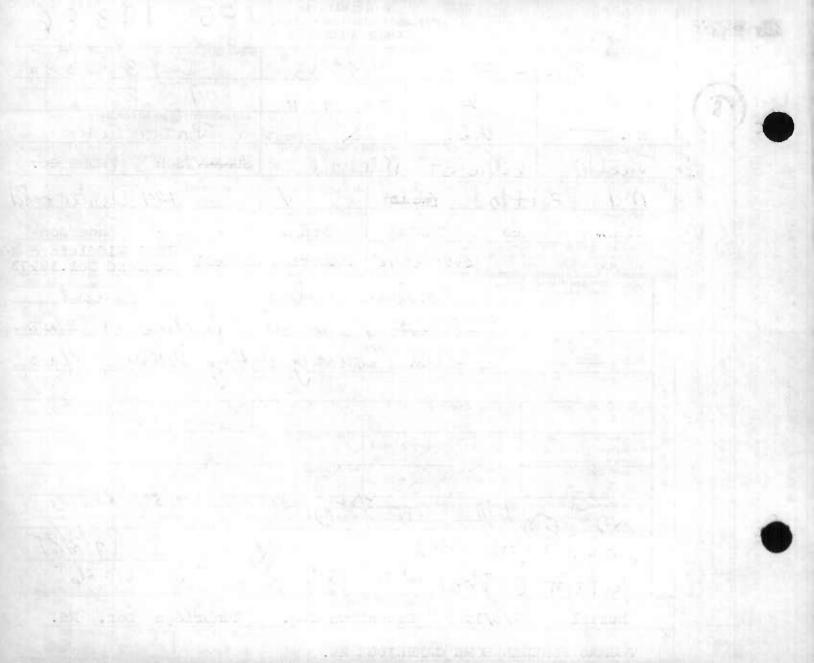
Henss Funeral Home 3631 Falls Rd, 21211

(VRA 15, 4)

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se re crer ather		underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF	many 1	Extern Dine	and V	0000
pleo urial		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT	RELATED THE TERM	AINAL DISPASE OR CONDITION	GIVEN IN PART TIG	AUID.
Then Then to b	NO O					V		
prio prio	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WA	AS PERFORMED		IF YES, WERE FINDING	
ows iene	THE					YES NO		NO [
Hyg 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
mtollo mtollo	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	3111	19				
o W	60	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		LOCATION	CITY OF TOWN	COUNTY	STATE
h on rked	2	AT WORK AT WORK	- CANTONE, SPACES, PACTORS, O	Trice, rann, etc.)		1-		
ealth mo		22a.1 certify that (1) (this hosp	ital attended the deceased f	rom 5/2	2 1981			(I) (we) lost
For of He		saw the receased of the	wew the body after death.	19 and the	at in (my) (our) opinion	death occurred on the date on	d hour and from the cau	uses stated
IREC hed f ept. cept. c		77h AIGNATURE /	1000	DEGR	REE	,	22 DAY SIC	1999
0 20 7		1) colon 2	1 Column	D	ATTENDING PHYSICIAN	MEDICAL STAFF	1/3/	XI
JNERAL J be deto he State RTANT: H		THE PHYSICIAN'S NAME ITHE	on malinity	22e	ADDRESS OF	1 00		-
should be deto with the State	0	120BELGT	F ROBY	W.D.	6814 BE	clan Rd	2/236	
₩ 3 3 3		URIAL, CREMATION, REMOVAL	23b. DATE T	23¢ NAME OF CEMET	TERY OR CREMATORY	23d. LOCATION		
-	(burial	7/5/1985	GreenLa	wn Cem.	Cambridge	Dor. Me	d.
16 50M 4/82	24 FL	INERAL DIRECTOR				E REC'D. BY REGISTRAR 256. RE		
'RA 15, 4)		THOMAS FUNI	ERAL HOME CA	MBRIDGE	MD.	a week de	Knide - Band	Alle I



214122 - STATE WEGISA DECEASED NAME PE DEPRINTS 4. RACE BIRTHPLACE TITLET STRONGS MD IB CITY OR TOWN OF DEATH 11. NAME OF HO (IF NOT IN SUCH F Baltimore Francis BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GITTS)

130. STATE

13b. COUNTY 136 COUNTY MD 14 FATHER'S NAME MIDDLE Leonard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? No 18 CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR A Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR A underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITI the burial-transit per and Mental Hygiene 21a. ACCIDENT WAS UNDERLYING 216. TIME OF I HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH morked or Item (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF AT HOME STREET should be detoched for use os with the State Dept. of Health IMPORTANT: If them 21 is mark 220 I certify that (1) this haspit TO FUNERAL DIRECTOR: saw the deceased alive 226. SIGNATE

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

236. DATE

Wm. C. march F/H 1101 E. North Ave.

8/1/85

Old Field Cem.

DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	1 9 . NO. 1 9	38	7
DIE	L	AST	20. DATE OF DEATH	H MONTH DAY	YEAR 25 HC	
	/-	11/		7/27	1/35 8	h- M
	5. DATE O		6 AGE (IN YEARS LAS			ER 24 HRS
1	HINOM	26 99	86	YRS	THS DAYS HOURS	MIN.
HAT COUNTRY?	8		9 BALTIMORE CIT	Y OR COUNTY OF	DEATH	
A	WIDOWE	DXX DIVORCED	Baltimo	ore City		MD.
SPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUP	ATION 1	126 KIND OF BUSI	
Scott &	(ey		(TYPE OF WORK FOR MO	ST OF WORKING LIFE)	INDUSTRY	=1503
E RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRES	SS / 7IP CODE	1/4	
Baltimon		YES X NO	1734 N.	Broadway	21213	
LAST		15 MOTHER'S MAIDEN NA				
yan		Elizabeth	MIDDL	Chest	ter	
b. SOCIAL SECUI	RITY NO.	17 INFORMANT	AD	DRESS	- Pag- 9-	
14-16-57	791A	Robert Hill :	1734 N. Bi	roadway		
S A CONSEQUE	T C	ancer			APPROXIMATE IN BETWEEN ONSET AL	NO DEATH
TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN I	IN PART No	
1						
ON FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	ERE FINDINGS US G CAUSES OF DE NO	ATH?
MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF	MJURY IN ITEM 18 PART I	OR PART 2)	
INJURY FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	СПУО	OR TOWN	COUNTY	STATE
deceased fram_ 27 19 8	50 an	d that in my) (a)r) apinian d	death accurred an th	e date and hour an		(we) last
on	4D	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	STAFF	221. DATE SIGNE 7/28/	183
an		5200 E	astern	Ave B	altMd	2/2/8
123, N	AME OF C	EMETERY OR CREMATORY	234 LOCATION			

Cambridge

250 DATE REC'D.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

/ 5	TA	TE	OF M	ARYL	AND
DEPARTMENT	OF	HE	ALTH	AND	MENT

AL HYGIENE CERTIFICATE OF DEATH

190128	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH SEC. NO. 85 1938					
25		CEASED NAME FIRST	WIDDIE		LASI / J /	26 DATE OF DEATH	ONTH DAY	YEAR 26 HOUR
oy be	3. SE	Flora	4 RACE	S DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER	I YEAR IF UNDER 24 HRS
ctor. I	J. JL	1-	Black	MON		62	YRS	DAYS HOURS MIN.
hour hour		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR		ATH
or o	(eorgia	USA	WIDOW	EDXX DIVORCED	BALTIMOR		MD.
by the filled with		Balto	CIENOT IN SUCH FACILITY GI	of Mary		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		CIND OF BUSINESS OR JSTRY
n 24 hou Hed in hould be	136.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY 13c. CITY C	CLEFORE ADMISSION OR TOWN LIMORE	YES X NO X	13e STREET ADDRESS / 541 Laur	zır code ens St.	21217
and 2 si	14. F	ATHER'S NAME FIRST	MIDDLE	AST	15 MOTHER'S MAIDEN NA	WE		EAST
n and co		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	CALAD OR DATES	-28177	Zebelean J	ADDRES. Oliphant		. Smallwoo
death certificate attending physicic over corban papers atton, or removal.		Conditions, if ony, which	D BY	NSEQUENCE OF	Homoroze Re	piraty failin	30	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
that the d by the lease remial, cremo	NO	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COI	NSEOUENCE OF	Hypertensin			
equires n signed Then pli r to buri		PART 2 OTHER SIGNIFICANT C	enditions contribution	NG TO DEATH BU	T NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN IN P.	ART Iro
on. has bee t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA YES [FINDINGS USED AUSES OF DEATH? NO
SICIAN The physicion of physicion certificate hiral-tronsit pertol Hygien 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON	TH DAY YEAR	- LARRAY IIA MA	PMIN IN bed		4
G PHYS ottending er this c s the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET SY (Lawren)	1 St Balts nd	N COU	INIY STATE
TTENDIN pitol ar TOR. Aft far use a af Heolth		220-1 certify that (I) (this hospi saw the decrosed alive an obaye (I) (wd) (did) (did no	tol) attended the deceased		and that in (my) (our) opinion	to 7/1	e and hour and fro	, (1) () 1031
TAL OR A. RAL DIREC detoched tote Dept.		The Substitution	7		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		DATE SIGNED
O HOSPITA TO FUNERA Should be di		RAPAEL RUDA	16UC)		22. ADDRESS 22 SNH 6	freme st un	INJ Md Is	tos jo
BP	230	BURIAL, CREMATION, REMOVAL	7/5/85		Zion Cem.	23d LOCATION CITY OF TOWN Lansdow		Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director 11iam C. Mar	ch F/H 117	PIS E. N		E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SI	Late Contract Contrac

